



Tournament Name: \_\_\_\_\_ Date: \_\_\_\_\_

Team Name: \_\_\_\_\_

# Softball Tournament Team Registration

*TO REGISTER:*

Enclose this registration form with a check or money order and Mail to:  
Tournaments  
PO Box 510, Turner, OR 97392

**Coach's Contact Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: HP: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

**Team Age Bracket:**

10U \_\_\_\_\_ 12U \_\_\_\_\_

**Players:**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

\*Player registration for each participant must be submitted prior to tournament play.