

Serve it up for OUR CITY  
Softball Tournament

Registration Form

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

Team Captain's Name: \_\_\_\_\_

Captain's Phone: \_\_\_\_\_

Captain's Address: \_\_\_\_\_

ROSTER

Name

Address

Phone

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

7. \_\_\_\_\_

8. \_\_\_\_\_

9. \_\_\_\_\_

10. \_\_\_\_\_

11. \_\_\_\_\_

12. \_\_\_\_\_

13. \_\_\_\_\_

14. \_\_\_\_\_

**ALL PLAYERS MUST SIGN WAIVER BEFORE BEING PERMITTED TO PARTICIPATE ON THE DAY OF THE TOURNAMENT.**

---

FOR OFFICE USE ONLY:

Paid Cash or Check (ck#: \_\_\_\_\_)

Amount \$ \_\_\_\_\_

Received By: \_\_\_\_\_

Date: \_\_\_\_\_