



USSSA FASTPITCH

of Southern California

Tournament Entry Form

Tournament Name: _____

Tournament Date: _____

Team Name (as it appears on registration): _____

Age Division to be played at this event: 10U 11U 12U 13U 14U 15U 16U 18U
(circle one)

Division: A B
(circle one)

Manager's Name : _____

E-mail address: _____

Phone number (please include area code): _____

Team Id/Registration Number: _____

(If your team is not registered for the current season, please enclose \$25 AND the team registration form.
You will then be assigned a Team Id/Registration Number.)

Special Notes: _____

*Please complete the form and submit along with the entry fee to the address below. Make checks payable to USSSA. You will receive confirmation of your entry when it is received.
Thank you for playing USSSA Fastpitch Softball.*

**USSSA Fastpitch of Southern California . . . www.fastpitchfirst.com
27475 Ynez Rd. Ste 214 Temecula, CA 92591 . . . 951-693-0094
socalusssafp@aol.com**