

Softball Central Tournament Entry Form

Team Name _____

Manager Name _____

Home Phone _____

Day Phone _____

Cell Phone _____

E-mail _____

Fax _____

Street Address _____

City _____

State _____

Zip _____

Event Name	Event Date	Age Bracket	Price

USSSA Registration Number _____

(If not USSSA member please enclose a one time fee of \$20.00 per team)

USSSA Class (Please check one)

Major

AA

AA

A

Number of Tournaments Entering \$ _____

Total Tournament Entry Fee \$ _____

USSSA Sanction Fee \$ _____

Total Amount Enclosed \$ _____

(Make checks payable to Softball Central)

Mail Form to:
Softball Central
10817 Lake Drive
Marine IL 62061

Physical Address
Softball Central
401 Edwardsville Road
Troy IL 62294

Phone:
Ball Park and Rain Info
618 667 2250
Cell Randy
618 530 3477

Web site
www.softballcentraltroy.com