SOUTHERN CALIFORNIA MUNICIPAL ATHLETIC FEDERATION
WOMEN'S SOFTBALL
11" SLOW PITCH TOURNAMENTS

Team Name _____ Email _____

Manager's Name _____ Phone (_____) _____

Cell Phone (_____) _____ Fax # (_____) _____

Address _____
Street City Zip

Payment: ____ Check or money order enclosed ___ Credit Card (please call to make payment)
All major credit cards accepted
Make Checks Payable to SCMAF

I, the undersigned team manager, declare this team meets all the rules and regulations set forth in the 2012 SCMAF Softball Tournament Rules. I also acknowledge my responsibility in submitting fees charged to enter the SCMAF Softball Tournament and paying those charges accruing through our participation.

Manager's Signature _____ **Date** _____

	Print or Type Name	Age	E-mail
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14			
15.			
16.			

NOTE: Type of league that team comes from (Major, Minor, A, B, etc.) _____
If information is not provided, teams will be put in the upper division.

# of teams in league _____ Team record _____ Current Standing _____ Wins _____ Losses _____

Last ranking (A, B, C, D) _____ In which tournaments? SCSA _____ USSSA _____ ASA _____ AMCOM _____

SCMAF _____ Other _____

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