



# SOUTHERN CALIFORNIA MUNICIPAL ATHLETIC FEDERATION

SOFTBALL TOURNAMENT SERIES/ OFFICIAL ENTRY FORM

Fax: (626) 448-5219

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

Team Type: \_\_\_\_ Men's \_\_\_\_ COED \_\_\_\_ Women's

Manager's Name \_\_\_\_\_

Day Phone \_\_\_\_\_

Evening Phone \_\_\_\_\_

Fax # \_\_\_\_\_

Email address \_\_\_\_\_

Cell # \_\_\_\_\_

Address \_\_\_\_\_  
 Street City Zip

Payment: Make Checks Payable to **SCMAF**

Check or money order enclosed     
  Cash     
  Credit Card (All Major Credit Cards Accepted)

Tournament Fee \$ \_\_\_\_\_

**MANAGER, PLEASE READ CAREFULLY**

Type or print clearly the roster of players in the column below. Please mark "Check" to left of added player's name on roster. Any added player to your league roster must be from the same city program as your team and, in the judgment of your League Director, be of equal or lower caliber. Managers must make sure that all eligible players who may participate in the Tournament series are listed on this roster. Please check the SCMAF rulebook for complete SCMAF Tournament rules.

**PLEASE PRINT OR TYPE NAME AND INFORMATION**

Check if Added Player	Player's Name	Date of Birth	# League Games Played Weekly	Approx. # of Tournaments Played this year
_____	1. _____	_____	_____	_____
_____	2. _____	_____	_____	_____
_____	3. _____	_____	_____	_____
_____	4. _____	_____	_____	_____
_____	5. _____	_____	_____	_____
_____	6. _____	_____	_____	_____
_____	7. _____	_____	_____	_____
_____	8. _____	_____	_____	_____
_____	9. _____	_____	_____	_____
_____	10. _____	_____	_____	_____
_____	11. _____	_____	_____	_____
_____	12. _____	_____	_____	_____
_____	13. _____	_____	_____	_____
_____	14. _____	_____	_____	_____
_____	15. _____	_____	_____	_____
_____	16. _____	_____	_____	_____

I, the undersigned Team Manager, declare this team meets all the rules and regulations set forth by the SCMAF Softball Tournament Rules Committee. I also acknowledge my responsibility in submitting fees charged to enter the SCMAF Softball Tournament and paying those charges accruing. **MANAGERS: ALL FINANCIAL DISPUTES WILL BE SETTLED AT COUNTY OF LOS ANGELES, RIO HONDO COURT.**

Tournament Site/Date \_\_\_\_\_

Signature of Team Manager \_\_\_\_\_ Date \_\_\_\_\_

**THE FOLLOWING MUST BE COMPLETED BY YOUR RECREATION DEPARTMENT**

1. Type of league (OPEN, "D", "E", "REC"): \_\_\_\_\_ Team standing as of this date? \_\_\_\_\_ Place \_\_\_\_\_
2. Number of teams in league? \_\_\_\_\_ Team record as of this date? \_\_\_\_\_
3. In your estimation, which Division should this team be in? Open \_\_\_\_ "D" \_\_\_\_ "E" \_\_\_\_ "REC" \_\_\_\_ Women Upper \_\_\_\_ Women Lower \_\_\_\_

I CERTIFY this team and all other teams in the league represented by this team have paid their SCMAF registration fee and all players on the roster have participated in the agency's program. I also certify that this team has paid their SCMAF tournament entry fee. I approve \_\_\_\_\_ # of rostered players above.

SCMAF member in charge of Softball League \_\_\_\_\_

Agency \_\_\_\_\_ Phone # \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_