



Select-Sports USSSA 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 \$20 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 "Select-Sports USSSA". You will receive confirmation of your entry when it is received.
Thank you for playing USSSA Fastpitch Softball.*

Select-Sports USSSA
PO Box 4451 Riverside CA 92514.....951-398-8617