USA SOFTBALL OF WISCONSIN

OFFICIAL TOURNAMENT ENTRY FORM

TEAM NAME _____ **USASB CARD #** _____

MANAGER _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

HOME PHONE _____ **WORK PHONE** _____

CELL PHONE _____ **EMAIL** _____

LEAGUE _____

USASB OF WI STATE TOURNAMENT CLASSIFICATION _____

I certify that the above team is registered with USA Softball of Wisconsin for the current year and meets all the requirements as set forth in the USASB of WI handbook. In addition, I certify that the above information is correct and the attached USASB of WI Official roster form is also correct.

TEAMS MANAGER'S SIGNATURE: _____ **DATE:** _____

I certify, as director/official of a league listed on this form, that the team listed on this form plays in the listed league and all players listed on the attached USASB of WI official Championship Roster form are league roster players in the league and have played in two (four for men's slow pitch teams) league games by July 1st.

LEAGUE OFFICER SIGNATURE: _____ **DATE:** _____

TELEPHONE: _____ **SCHOOL DISTRICT (JO)** _____

USASB OF WI DEPUTY COMMISSIONER: _____ **DATE:** _____