



THE NATIONAL GOVERNING BODY  
OF SOFTBALL

# 2009 State Championship

## Team Registration Form



Team Name: \_\_\_\_\_ \*

Coach's Name: \_\_\_\_\_ \*

Street Address: \_\_\_\_\_ \*

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Numbers:    **H:** \_\_\_\_\_    **B:** \_\_\_\_\_    **Cell:** \_\_\_\_\_ \*

Fax: \_\_\_\_\_    Email: \_\_\_\_\_ \*

\* Required information to register a team.

Your preferred contact phone number: \_\_\_\_\_

### Backup Contact Information:

Name: \_\_\_\_\_ \*

Street Address: \_\_\_\_\_ \*

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Numbers:    **H:** \_\_\_\_\_    **B:** \_\_\_\_\_    **Cell:** \_\_\_\_\_ \*

Fax: \_\_\_\_\_    Email: \_\_\_\_\_ \*

\_\_\_\_\_  
(Receipt of registration fee and entry form is guarantee of a spot in the 2009 tournament)