



THE NATIONAL GOVERNING BODY
OF SOFTBALL

2007 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 phone 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 2007 tournament)