SOUTHERN CALIFORNIA MUNICIPAL ATHLETIC FEDERATION
2011 WOMEN'S CLASSICS
11" SLOW PITCH TOURNAMENTS

Team Name _____ Email _____

Manager's Name _____ Phone (_____) _____

Cell Phone (_____) _____ Fax # (_____) _____

Address _____
Street City Zip

Payment Make Checks Payable to SCMAF _____ Check or money order enclosed ___ Visa ___ MasterCard

_____ Tournament Fee $ _____

Please include credit card number AND expiration date. ***Make sure the name and the billing address match the card***

_____/_____ Expiration Date _____
Month/Year Signature (required with charge orders)

I, the undersigned team manager, declare this team meets all the rules and regulations set forth in the 2011 SCMAF Softball Tournament Rules. I also acknowledge my responsibility in submitting fees charged to enter the SCMAF Softball Tournament and paying those charges accruing through our participation.

Manager's Signature _____ **Date** _____

	Print or Type Name	Age	E-mail	# Tournaments Played Yearly
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14				
15.				
16.				

NOTE: Type of league that team comes from (Major, Minor, A, B, etc.) _____
If information is not provided, teams will be put in the upper division.

# of teams in league _____ Team record _____ Current Standing _____ Wins _____ Losses _____

Last ranking (A, B, C, D) _____ In which tournaments? SCSA _____ USSSA _____ ASA _____ AMCOM _____

SCMAF _____ Other _____

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