

Tournament Site/Date _____

SOUTHERN CALIFORNIA MUNICIPAL ATHLETIC FEDERATION

OFFICIAL ENTRY FORM - SCMAF SOFTBALL TOURNAMENT SERIES

PLEASE TYPE OR PRINT LEGIBLY

Team Name _		Team Type:	MEN	
Manager's Nan	ne			
Phone		Email address	·	
Address				
	reet	City	Zip	
must be from	clearly the roster of players in the column b the same city program as your team and be eries are listed on this roster. Please checl	e of equal or lower caliber. Manag	dded player's name on roste ers must make sure that all	eligible players who may participate in the
		PLEASE PRINT OR TYPE NAME AND II	NFORMATION	
"X" if Added Player	Print or Type Name	Date of Birth	# League Games Played Weekly	# of SCMAF Tournaments Played in Last Year
	1			
	2			
	3			
	4			
	5			
	6			
	7			
	8			
	9			
	10			
	11			
	12			
	13			
	14			
	15			
	16			
acknowledge	ned Team Manager, declare this team mee my responsibility in submitting fees charged ISPUTES WILL BE SETTLED AT COUNT	d to enter the SCMAF-Elite Softball	Tournament and paying the	
	COMP	LETE THE FOLLOWING TO CON	IFIRM ELIGIBILITY	
1	/agency softball league is the majority of th			
II	ision does your team play in? Netering team played in a SCMAF Softball Tournan	•		?
Name of Lea	ague Director in charge of the Softball Leag	gue		