

GLOBAL SPORTS TWIN CREEKS SPORTS COMPLEX GIRLS YOUTH FASTPITCH SOFTBALL TOURNAMENT REGISTRATION FORM



TEAM NAME							
MANAGER							
ADDRESS							
CITY			_ STATE	ZIP _			
HOME PHONE ()_		(FAX NO. i	s MANDATOR	Y!) FAX NO.	()		
WORK PHONE ()_		E-MA	IL ADDRESS .				
ASSISTANT MGR. NAME			ASST. M	GR. HOME P	РН. ()		
ASST. MGR. WORK PH. (_)))					
		DIVISION	(Please Circle				
		Α	E	3			
		PLEASE CIR	CLE AGE GROUP	2			
10U	12U	14U	16U	18U	18 GOL	_D	
DATE OF	N	AME OF					
TOURNAMENT		OURNAMEN	τ				
	Please cir	cle the Host Ho	otel your team	is staying at	<u>::</u>		
Pla	za Suites. Sai	nta Clara	Other (non-H	ost)			
310 San	0 Lakeside Drive ta Clara, CA 9505	4	•				
Pho	ne: 408-748-9800)					
	LLATIONS MU	PAYMENT MU JST BE MADE ! turned checks will be s	DAYS PRIOR	TO EVENT			
PLEASE MAKE CHECKS PAYABI MAIL OR FAX COMPLETED FOR	E TO: GLOBAL S	PORTS TWIN CRE		· ·	CCEPTED.		
		ORTS TWIN CREEI EAN DRIVE	KS - GIRLS FAST I	PITCH	TC Te	eam Number	
	Pho	ne: 408.734.0888, є	ext. 120 Fax: 408	3.734.0304			
PLEASE CIRCLE METHOD (OF PAYMENT:	CHECK	VISA	MASTER	CARD		
Credit Card #					EXP/_		
AMOUNT ENCLOSED: TOUR	NAMENT \$	' 	MA	·' Y BE CHARGE	ED TO THE CREI	DIT CARD # ABOVE	
Name on Card		S	GNATURE	SAME N	NAME AS LISTED ON	CARD	