



USA SOFTBALL OF OREGON

2018 State Championship Team Registration Form

State Tournament: _____

Location: _____

* REQUIRED INFORMATION TO REGISTER A TEAM

Team Name: _____ *

Coach's Name: _____ District: _____ *

Street Address: _____ *

City: _____ State: _____ Zip Code: _____ *

Phone Numbers: Hm _____ Bus _____ Cell _____ *

Fax Number: _____ Email Address: _____ *

Your preferred contact phone number: _____ *

Back Up Contact Information

Name: _____ *

Street Address: _____ *

City: _____ State: _____ Zip Code: _____ *

Phone Numbers: Hm _____ Bus _____ Cell: _____ *

Fax Number: _____ Email Address: _____ *