



**Softball Tournament Registration Form (August 16-19, 2018)**  
(Please Print)

Team Name: \_\_\_\_\_  
\_\_\_\_\_ Men's \_\_\_\_\_ Women's

Team Manager: \_\_\_\_\_

Manager Address: \_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City, State, and Zip Code

Manager Phone : \_\_\_\_\_

Manager Email: \_\_\_\_\_

**Team Fee: \$175**

**Registration Form & Fee Due By August 3<sup>rd</sup>, 2018**

**Please Make Check Payable To:**

**G.A.C.C**

**Send Check To:**

**PO Box 147 Reed City MI 49677**

For Office Use Only

Date Received:	Amount:	Check No:
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