



Softball Tournament Registration Form (August 18-20, 2017)
(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 4th, 2017

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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