



SOUTHERN CALIFORNIA MUNICIPAL ATHLETIC FEDERATION

SOFTBALL TOURNAMENT SERIES/ OFFICIAL ENTRY FORM

Fax: (626) 448-5219 E-mail: SCMAF@scmaf.org

PLEASE TYPE OR PRINT LEGIBLY

Team Name _____ Team Type: (Circle One) Men's Co-ed Women
 Manager's Name _____ Day Phone (_____) _____
 Evening Phone (_____) _____ Fax # (_____) _____
 Email address _____ Cell # (_____) _____
 Address _____
 Street _____ City _____ Zip _____

Payment ___ Check or money order enclosed ___ Cash ___ Visa ___ MasterCard _____ Please include credit card number AND expiration date with charge orders. ____/____/____ Expiration Date Month/Year	Make Checks Payable to SCMAF _____ Tournament Fee \$ _____ _____ Signature (required with charge orders)
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MANAGER, PLEASE READ CAREFULLY

Type or print clearly the roster of players in the column below. Please mark "X" to left of added player's name on roster. Any added player to your league roster must be from the same city program as your team and, in the judgment of your League Director, be of equal or lower caliber. Managers must make sure that all eligible players who may participate in the Tournament series are listed on this roster. Please check the SCMAF rulebook for complete SCMAF Tournament rules.

PLEASE PRINT OR TYPE NAME AND INFORMATION

"X" if Added Player	Print or Type Name	Age	E-Mail	Approx. # of Tournaments Played in Last Year
_____	1. _____	_____	_____	_____
_____	2. _____	_____	_____	_____
_____	3. _____	_____	_____	_____
_____	4. _____	_____	_____	_____
_____	5. _____	_____	_____	_____
_____	6. _____	_____	_____	_____
_____	7. _____	_____	_____	_____
_____	8. _____	_____	_____	_____
_____	9. _____	_____	_____	_____
_____	10. _____	_____	_____	_____
_____	11. _____	_____	_____	_____
_____	12. _____	_____	_____	_____
_____	13. _____	_____	_____	_____
_____	14. _____	_____	_____	_____
_____	15. _____	_____	_____	_____
_____	16. _____	_____	_____	_____

I, the undersigned Team Manager, declare this team meets all the rules and regulations set forth by the SCMAF Softball Tournament Rules Committee. I also acknowledge my responsibility in submitting fees charged to enter the SCMAF Softball Tournament and paying those charges accruing. **MANAGERS: ALL FINANCIAL DISPUTES WILL BE SETTLED AT COUNTY OF LOS ANGELES, RIO HONDO COURT.**

Tournament Site/Date _____
 Signature of Team Manager _____ Date _____

THE FOLLOWING MUST BE COMPLETED BY YOUR RECREATION DEPARTMENT

1. Type of league ("D", "E", "REC"/ Upper or Lower – Women's Division): _____ Team standing as of this date? _____ Place: _____
 2. Number of teams in league? _____ Team record as of this date? _____
 3. In your estimation, which Division should this team be in? "D" _____ "E" _____ "REC" _____/Women Divisions "UPPER" _____ "LOWER" _____
- I CERTIFY this team and all other teams in the league represented by this team have paid their SCMAF registration fee and all players on the roster have participated in the agency's program. I also certify that this team has paid their SCMAF tournament entry fee. I approve _____ # of rostered players above.

SCMAF member in charge of Softball League _____
 _____ Agency _____ Signature _____ Date _____
 _____ Phone # (_____) _____
 Print Name _____