

State Tournament Registration Form

Team Name: _____

Manager's Name: _____

Phone Number: _____

Email: _____

Circle One: Men's Women's

Team Classification (circle): **B** **C** **D** **Rec 1** **Rec 2** **Rec 3** **Rec 4**

State Tournament (circle) Desired:

B **C** **D** **Rec 1** **Rec 2** **Rec 3** **Rec 4**

Masters 35 **Masters 40** **Masters 50** **Masters 50 Wood Bat**

Please attach appropriate entry fee or use Paypal (mandansoftball@gmail.com) (paypal use incurs \$8 convenience fee)

Make checks payable to Mandan Softball

\$225.00 for B, C, D (\$233 for Paypal)

\$175.00 for all other divisions (\$183 for PayPal)

Scan and send to: mandansoftball@gmail.com

Mail to: Bryan Jones, 2835 Yorktown Drive, Bismarck ND 58503