

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](mailto:mandansoftball@gmail.com))  
*(paypal use incurs \$8 convenience fee)*

Make checks payable to Mandan Softball

\$245.00 for B, C, D (\$255 for Paypal)

\$185.00 for all other divisions (\$195 for PayPal)

Scan and send to: [mandansoftball@gmail.com](mailto:mandansoftball@gmail.com)

Mail to: Dean Berger, 309 Will CT SE, Mandan ND 58554