



**2010 VALLEY SOUTH  
COLLEGE EXPOSURE TOURNAMENT  
U.S. CELLULAR COMMUNITY PARK  
300 LOWRY LANE  
MEDFORD, OREGON 97501  
OCTOBER 9th & 10th, 2010**



**TEAM REGISTRATION FORM**

(Please Type or Print)

Team Name: \_\_\_\_\_

Requested Level of Play: 18Gold\_\_\_\_\_ 18A\_\_\_\_\_ 16A\_\_\_\_\_

Coach's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_

Phone Numbers: (H) \_\_\_\_\_ (B) \_\_\_\_\_ \* Cell \_\_\_\_\_

(Fax) \_\_\_\_\_ \* E-mail \_\_\_\_\_

**\* Required information in order to register team.**

**Preferred Phone Number To Be Reached At: \_\_\_\_\_**

Backup Contact:

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_

Phone Numbers: (H) \_\_\_\_\_ (B) \_\_\_\_\_ \* Cell \_\_\_\_\_

(Fax) \_\_\_\_\_ \* E-mail \_\_\_\_\_

**Receipt of Entry Form & Registration Fee Guarantees Tournament Entry**

**Tournament Format: 6GG Friendly**

**Five (5) All New Synthetic Turf fields**

**Entry fee is \$350.00 USD.**

**Make check out to Mr. Softball, Inc. or Use MC/Visa Credit Card Form**

Mail to: Mike Wells  
17083 SW Cobblestone  
Sherwood, OR 97140

Fax Number: 503-291-1487  
E-Mail: mwells@mvwinsurance.com  
Voice: 503-445-2420, Cell: 503-329-0129

Thank you!!