

**2010 VALLEY INVITATIONAL
COLLEGE EXPOSURE TOURNAMENT
BEAVERTON/HILLSBORO, OREGON
JUNE 18-20, 2010**

TEAM REGISTRATION FORM

(Please Type or Print)

Team Name: _____

Requested Level of Play

For Tournament: Division I Division II Division III

***Note: Please complete supplemental form if you are requesting to play up!!**

ASA Registered

Age Level For 2010: Division I Division II Division III

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 registration fee and entry form is guarantee of a spot in the 2010 tournament.

Entry fee is \$575.00 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!!