Canon City Mother's Day Tournament
Registration Form

*Registration forms may be emailed to SOCOYOUTHSPORTS@GMAIL.COM

Tournament Fee $400 Per Team

NAME OF TEAM: _____

DIVISION: 8U 10U 12U 12U Softball

COACH/MANAGER NAME: _____

**THIS PERSON WILL RECEIVE RECEIPT, SCHEDULE, ETC.*

PHONE NUMBER(S): _____

EMAIL(S): _____

ADDRESS: _____

_____

MAIL CHECKS MADE PAYABLE TO SOCO YOUTH SPORTS ORGANIZATION:

SOCO YOUTH SPORTS ORGANIZATION

1530 ELM AVE. CANON CITY, CO 81212

*For payment using Venmo use the QR Code here

Roster information to be filled out on the backside of this form

Tournament Team Roster

Check Appropriate Age Division: 8U☐ 10U☐ 12U☐ 12U Softball☐

Team Name: _____

City: **State:**

	PLAYER'S NAME:	PLAYER NUMBER:	DATE OF BIRTH:	EMERGENCY CONTACT	PHONE NUMBER
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

*All teams participating in the Canon City Mother's Day Tournament shall be required to provide proof of insurance and birth certificates for their team if necessary.

We agree to comply with all rules and regulations as outlined in the official tournament rules. Failure to comply with tournament rules may result in ejection from the tournament.

MANAGER: _____ **Phone:** _____ **Email:** _____

COACH: _____ **Phone:** _____ **Email:** _____

COACH: _____ **Phone:** _____ **Email:** _____