**Cheese Town Showdown**

**June 23rd, 24th & 25th 2023 - Quit Qui Oc Athletic Complex**

**Plymouth, WI**

**TEAM REGISRATION FORM**

|  |  |
| --- | --- |
| Team Name:  | Age Group: 10U 12U 14U  |
| Coach:  | Email:  |
| Address:  |  | Phone:  |
| City:  |  | State:  | Zip:  |

* Roster changes are permitted up to 30 minutes before your team's first game.
* Location:1555 Riverview Rd. Plymouth, WI 53073
* Coach must provide proof of age upon request. December 31 is the birth date cut-off.
* Payment must be made to PYAA to guarantee spot in tournament
* Team registration form can be e-mailed to PJ Weber @ plymouthpumas@gmail.com or given to the concession stand 30 minutes prior to first game.

|  |  |  |  |
| --- | --- | --- | --- |
|   | Name  | Age  | Birth Date  |
| 1  |   |   |   |
| 2  |   |   |   |
|  3  |   |    |
|  4  |   |    |
|  5  |   |    |
| 6  |   |   |   |
| 7  |   |   |   |
| 8  |   |   |   |
| 9  |   |   |   |
| 10  |   |   |   |
| 11  |   |   |   |
| 12  |   |   |   |
| 13  |   |   |   |
| 14  |   |   |   |
| 15  |   |   |   |

Liability Statement: As coach of the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ girl’s softball team, please accept the above team into your tournament. The birth dates provided are correct and I agree to abide by the rules of the tournament. The above team has appropriate and adequate insurance and I release the Plymouth PYAA of any liability during/to or from this tournament.

 Coaches Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_