**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: \_\_\_\_\_\_\_\_\_\_\_