



P.O. Box 587

Fort Madison, IA 52627

(319) 372-2932

All-Night Slowpitch Softball Tournament (June 28-29)

Please complete the following	information and submit	along with tournament	registration fees.	
Team Name/Sponsor:				
Manager Name:				
Address:		City:	State:	Zip:
Phone Number:				
E-mail Address:				
TOURNAMENT INFORMATIO	<u>ON</u>			
1. Registration Fee: \$175.00				
Optional: \$25.00/Te	am (2 Additional HR's/G	Same)		
2. Registration Deadline: Frida	ay, June 21 st			
3. Games will be played at Ba games, with the tournament co		-	n. on Friday, June 28 th . Eac	ch team will be guaranteed 4
4. Payment, along with the Ro players may be added to the r			d in before the start of you	r 1 st game. No additional
5. Schedule and any additional information will be sent to Manager/Captain as it becomes available.				
Payout				
1st Place - \$800.00				
2 nd Place – \$400.00				
*Payout & Guaranteed Games	are based on a 12-tear	m tournament.		
FOR OFFICE USE ONLY				
Date Received:	Amount: <u>\$</u>	Check # or	Cash: Eı	mployee Initials: