

**SUNRAZE SLAM 2010
NSA QUALIFIER REGISTRATION FORM
MAY 29th – 30th, 2010**

Team Name: _____

Age Group: 10U 12U 14U

Head Coach: _____

Telephone (H): _____

(W): _____ **(Cell):** _____

E-mail: _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

2nd Contact (Assistant coach): _____

Telephone: (H): _____ **(C):** _____

Email: _____

Refund policy: If your team withdraws a full refund will be given if we are able to find a replacement.

Rainout policy is addressed in the tournament rules handout.

CHECKS SHOULD BE PAYABLE TO: SUNRAZE FASTPITCH

Team entry fee is \$375.

RETURN FORM AND PAYMENT TO:

**John Wawrowski
12540 Ashton Trail
Chardon, OH 44024**