



Team Name _____

City _____

State _____

55th PRCUA NATIONAL SOFTBALL TOURNAMENT
HOSTED BY ST. RITA SOC. #1368, HALMICH PARK, 3001 THIRTEEN MILE RD., WARREN, MI - SATURDAY, AUGUST 22, 2009
E N T R Y F O R M



ENTRY FEE IS \$50.00 PER TEAM. These fees are nonrefundable. Make check payable to PRCUA Sports Fund. Send applications and fees to: PRCUA, Fraternal Department, 984 Milwaukee Ave., Chicago, IL 60642, **CHECK MUST BE INCLUDED WITH ENTRY FORM. MARK AN "X" IN THE SQUARE INDICATING IN WHICH DIVISION YOUR TEAM WILL PLAY:**

Men's Open

Men's 35 to 54 yrs.

Men's 55 and Older

Women's Open

Co-Ed

Each player may only sign one roster. The undersigned members do hereby state that they are bonafide members in good standing with the PRCUA. The players agree to abide by the PRCUA rules and regulations and rules of good sportsmanship and fair play on and off the field. Local softball rules apply in this tournament. **EACH PLAYER MUST PERSONALLY SIGN HIS OR HER NAME TO THIS FORM.**

As manager or coach of the above team, I am responsible for the conduct of all players and that all the above information is correct. I understand that if any player's information has been falsified for any reason, all games in which that player(s) participated will be forfeited.

Manager or Coach _____ Address _____ City _____ State _____ Zip _____

Phone (_____) _____ Email address _____

PRINT Player's Name	Address - Street, City, Zip	Phone No.	Player's Signature	Society #	Roster #
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					

CERTIFICATION OF MEMBERSHIP: The undersigned certifies that the players whose names are shown on the ENTRY FORM are bona fide Members of the PRCUA to whom competition in this Tournament must be restricted.

Signature of Society President _____

Society No. _____

ENTRIES MUST BE POSTMARKED BY JULY 31, 2009.