all training	mr.
	Alife
in the state of th	CCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCC

67TH NATIONAL SOFTBALL TOURNAMENT

	PRCUALife WHITE THE PROPERTY OF THE PROPERTY O	EN TEAM NAM CITY, STATE			HA 3001	LMI (E. 13 MI	CH PARI	K EN, MI		984 N. Milv or frate ENTRY FEES AI MAKE CHEC	vaukee A ernal-eve FEE IS \$ RE NON	ive, Chica ents@pr \$100 PE I-REFU LE TO: <u>PR</u>	partment ago, IL 60642 rcua.org ER TEAM. NDABLE. CUA Softball rg/payonline	
M	ARK AN "X" IN THE BO	IGUST 16, 20	UST 16, 2024 SATURDAY, AUGUST 17, 2				2024	FORM OF PAYMENT:						
WHICH DIVISION YOUR TEAM WILL PLAY: 6:00PM:			M: CO-ED	□ CO-ED 9:00AM: □ WOMEN'S OPEN □ MEN'S OPEN					☐ CHECK ENCLOSED ☐ ONLINE PAYMENT					
REC AS	ACH PLAYER MAY SIGN ONLY ONE ROSTER. THE UNDERSIGNED MEMBERS DO HEREBY STATE THAT THEY ARE MEMBERS IN GOOD STANDING WITH THE PRCUA. PLAYERS AGREE TO ABIDE BY THE PRCUA RULES AND EGULATIONS 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. S MANAGER OR COACH OF THE ABOVE TEAM, I AM RESPONSIBLE FOR THE CONDUCT OF ALL PLAYERS AND THAT ALL THE INFORMATION ON THIS FORM IS CORRECT. I UNDERSTAND THAT IF ANY PLAYER'S INFORMATION HAS BEEN ALSIFIED FOR ANY REASON, ALL GAMES IN WHICH THAT PLAYER(S) PARTICIPATE WILL BE FORFEITED.													
MA	NAGER/COACH				_ PHONE	_ 		EMAIL						
	ADDRESS				_ CITY				ST	_ ZIP _				
	PRINT - PLAYER'S FULL <u>L</u>	EGAL NAME	STREET ADDRESS	CITY	STATE	ZIP CODE	PHONE		EMAIL ADDRESS	5	SOCIETY #	ROSTER #	TOTAL # OF GUESTS AT AWARDS CEREMONY	
1														
2														
3														
4														
5														
7														
8														
~											+	+		

CERTIFICATION OF MEMBERSHIP: ALL PLAYERS WHOSE NAMES ARE SHOWN ON THE ENTRY FORM NEED TO BE MEMBERS OF THE PRCUA. PARTICIPATION IS LIMITED TO PRCUA MEMBERS ONLY. NEW MEMBERS MUST SUBMIT AN APPLICATION BY JULY 19, 2024 TO QUALIFY TO PLAY IN THE TOURNAMENT.

ALL ENTRIES MUST BE RECEIVED BY FRIDAY, JULY 19, 2024 INCOMPLETE ENTRY FORMS WILL BE RETURNED Contact Information: Fraternal Department, (773)-782-2601 or fraternal-department@prcua.org

SEND APPLICATION AND FEES TO: