

22nd Year

# JOCK'S NITCH

22nd Year



## TEAM REGISTRATION FORM

TEAM NAME \_\_\_\_\_

MANAGER'S NAME \_\_\_\_\_

CIRCLE DIVISION AND CLASS **MEN'S WOMEN'S COED C D E**

MANAGER'S ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

MANAGER'S PHONE # \_\_\_\_\_

USSSA CARD # AND COPY OR \$20 FEE \_\_\_\_\_

AMOUNT PAID \_\_\_\_\_

DATE PAID \_\_\_\_\_

**HOW PAID:** CASH CHECK VISA MC DISC AMEX

FOR CREDIT CARDS:

NAME \_\_\_\_\_

CARD # \_\_\_\_\_

EXP DATE \_\_\_\_\_

**\*RETURN THIS FORM WITH ROSTER & ENTRY FEES TO:\***

JOCK'S NITCH  
 523 NORTH BROADWAY  
 PITTSBURG, KS 66762  
 (620)231-3552