



Team Name \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

**56th PRCUA NATIONAL SOFTBALL TOURNAMENT  
HOSTED BY POPE JOHN PAUL II SOC. #1593, HALMICH PARK, 3001 13-MILE RD., WARREN, MI - SATURDAY, AUGUST 21, 2010**

**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 BONA FIDE 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 AUGUST 7, 2010.**