



Niagara Girls Minor Softball Association
Falls Classic Select Tournament, Saturday July 7, 2018

TEAM NAME: _____

HOME LEAGUE: _____

DIVISION : (Please circle division)

Novice(Born 2004-2005)

Bantam(Born 2002-2003)

OSSTA Registration#: _____

Address: _____

City: _____

Postal Code: _____

Email: _____

Manager's Name: _____

Manager's Contact Info: Home () _____ Cell () _____

Coach's Name: _____

Coach's Contact Info: Home () _____ Cell () _____

Once your entry fee & application is received (no postdated cheques please), you will be contacted by email to confirm your participation.

Please Send:

- Cheque or Money Order; Made Payable to "NGMSA" for \$375.00 for OSSTA members and \$425.00 for nonmembers along with this completed form

.

PLEASE MAIL TO:
Niagara Girls Minor Softball Association
P.O. Box 22030, Riall Heights Plaza
Niagara Falls, ON
L2J 4J3



Falls Classic 2018 Roster

ASSOCIATION: _____

DIVISION: _____

	Players Name (print)	Date of Birth (d/m/yr)	Uniform Number
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

**ALL PLAYERS LISTED ABOVE ARE REGISTERED AND INSURED
WITH NAMED ASSOCIATION. HEAD COACH CERTIFIES THAT
ALL THE ABOVE INFORMATION IS CORRECT.**

COACHES SIGNATURE: _____