



**Vaughan Vikings Girls Softball Association**  
**Mites Select Softball Tournament – July 1, 2017**

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

HOME LEAGUE: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Manager's Name: \_\_\_\_\_

Manager's Contact Info: Home ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

Coach's Name: \_\_\_\_\_

Coach's Contact Info: Home ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

Contact Email: \_\_\_\_\_

Once your application is received, you will be contacted by email to confirm your participation.

**Please send** Cheque Made Payable to "CVSA" for \$350 (\$400. for non OSSTA members) along with this completed form to:

**City of Vaughan Softball Association**

Maple Community Centre

10190 Keele Street

Maple, Ontario

L6A 1R7

c/o Scott Wildman