



Vaughan Vikings Girls Softball Association
Squirt Select Softball Tournament – July 2, 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