



USSSA Tournament Entry Form

IMPORTANT! PLEASE PROVIDE US WITH ALL REQUESTED INFO.

TEAM NAME _____ Age : _____

USSSA TEAM REGISTRATION # _____

TEAM CONTACT _____
ADDRESS _____

TELEPHONE #'S _____ HOME _____
WORK _____
CELL _____

HEAD COACH: _____ cell number: _____
TRAVEL COORDINATOR: _____ phone _____

EMAIL: _____ WEB SITE: _____

DATE	TOURNAMENT NAME	FEE	LOCATION
_____	_____	\$ _____	_____

Make checks payable to and mail to:
FOR THE LOVE OF THE GAME, LLC
C/O Willy Richburg
3430 Shadow Creek Drive
Florence, SC 29505

- ATTENTION: You must have in your possession at the tournament site:**
1. USSSA Roster (You will need a copy to exchange for free entry passes)
 2. Copy of all players birth certificates
 3. Pitching Affidavit (COMPLETED & SIGNED AFTER EACH GAME!)