

2010 Adult Tournament Registration Form
(if not registering online)

Name of Tournament _____

Date of Tournament _____ **Cost** _____

Team Name _____ **Manager Name** _____

Address _____ **City** _____ **State** _____ **Zip** _____

Email Address _____ **Phone** _____

Mail To: PMSA

10737 N. Union Ct
Portland, OR 97217

Classification _____