

# Co-ed **SOFTBALL** **TOURNAMENT** **SIGN-UP**

## **SATURDAY, AUGUST 4**

Your team slot will not be reserved until we have received your payment. You can either stop in at Loggers Park or mail your payment. All payments are made payable to Children's Hospital of Wisconsin.

**Time Limit:** 60 minutes

**Roster Size:** Unlimited

Please send completed roster form with team payment to:  
Cheers for Children's • c/o Tricom • PO Box 13188 • Milwaukee, WI 53213-0188  
**Checks made payable to the Children's Hospital of Wisconsin**

*Questions? Please call Nick Blazei at 414-531-7809 or email at [NBlazei0306@gmail.com](mailto:NBlazei0306@gmail.com).*

Rules for tournament will be emailed once team is fully signed up and paid for.

Total Payment enclosed - \$200 per team, limited to the first 8 teams  
(50% of the registration fee going to cash prizes for the top 2 teams in each category)

It's about the kids.  
**CHEERS**  
  
**CHILDREN'S**  
SPONSORED BY:  
**TRICOM & LOGGER'S PARK**

BENEFITTING:  
 **Children's**  
Hospital of Wisconsin

Kids deserve the best.

**Visit [www.tricom.com/cheers](http://www.tricom.com/cheers) for more information.**



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## SIGN - UP

## SATURDAY, AUGUST 4

<b>TEAM NAME:</b>		
<b>TEAM CAPTAIN:</b>	Phone Number:	
	E-mail:	
<b>PLAYER 1:</b>	Phone Number:	
	E-mail:	
<b>PLAYER 2:</b>	Phone Number:	
	E-mail:	
<b>PLAYER 3:</b>	Phone Number:	
	E-mail:	
<b>PLAYER 4:</b>	Phone Number:	
	E-mail:	
<b>PLAYER 5:</b>	Phone Number:	
	E-mail:	
<b>PLAYER 6:</b>	Phone Number:	
	E-mail:	
<b>PLAYER 7:</b>	Phone Number:	
	E-mail:	
<b>PLAYER 8:</b>	Phone Number:	
	E-mail:	
<b>PLAYER 9:</b>	Phone Number:	
	E-mail:	
<b>PLAYER 10:</b>	Phone Number:	
	E-mail:	
<b>PLAYER 11:</b>	Phone Number:	
	E-mail:	
<b>PLAYER 12:</b>	Phone Number:	
	E-mail:	
<b>PLAYER 13:</b>	Phone Number:	
	E-mail:	
<b>PLAYER 14:</b>	Phone Number:	
	E-mail:	

