

"POPS STIGLITZ"

CO-ED SOFTBALL

TOURNAMENT

Bambi Kuck 305-731-3800

REGISTRATION FORM

TEAM
NAME_____

SPONSOR
NAME_____

SPONSOR
ADDRESS_____

CITY, STATE, ZIP_____

PAYMENT (MAKE CHECKS PAYABLE TO- POPS STIGLITZ SCHOLARSHIP FUND)

CASH_____

CHECK_____#NUMBER_____

TEAM CAPTAIN

NAME _____

TEAM CAPTAIN CELL _____

EMAIL _____

Checks and this form can be mailed to

B Kuck

8005 Shark Drive

Marathon Fl 33050