

“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

