For more information contact:
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VP@PRGSL.org

2009 PASO ROBLES SOFTBALL TOURNAMENT ENTRY APPLICATION

SEND CHECK TO: PRGSL
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Team Name: _____

Age Division: _____

League: _____

League contact: _____

Address: _____

City, State and Zip: _____

Daytime Phone: ___Evening Phone: _____

Email: _____Cell Phone: _____

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Email: _____Cell Phone: _____

Cell phone number during tournament: _____