

League Secretary

## Registration Form for Tri-Cities Slo-Pitch

\*Registration is considered complete when this form has been submitted and only after team deposits and league fees are paid in full. The deadline to complete registration is February 29, 2024.

Team Name:		Returning team? YesNo
Contact Information:		
Contact A: First Name:	Surname:	Gender Pronouns:
Address:	City:	Postal Code:
Phone Number:	Email Address:	
Contact B: First Name:	Surname:	Gender Pronouns:
Address:	City:	Postal Code:
Phone Number:	Email Address:	
By signing this form, you agree to the r	ules and regulations outlined	by Slo-Pitch National Softball Inc. and the Tri-
Cities Slo-Pitch executive team.		
Signature (required from either conta	cet A or B):	
For further information, please cont	act:	
Chris Saranchuk President	tcspleague@g	mail.com
Lauren Gilbert		