



HAWAI'I ISLAND UNITED WAY

MAYOR'S CUP SENIOR SOFTBALL TOURNAMENT

January 15-18, 2018, Kailua-Kona, Hawaii

Registration Form

Name _____

Address _____

City _____ State _____ Zip _____

Telephone () _____ Cellphone () _____

Email _____ SS USA # _____

I am registering:

As an Individual Men's Division Women's Division DOB: _____

A Team Men's Division Women's Division

Team Name: _____

Team Captain:
(if different from above): _____

Address _____

City _____ State _____ Zip _____

Telephone () _____ Cellphone () _____

Email _____

Team rosters must be submitted no later than: November 30, 2017, to sasha@hiuw.org

I hereby certify that the information provided is correct and further agree that it may be verified. Any falsification of information will result in disciplinary action including suspension or banishment from Senior Softball USA sanctioned tournaments. I understand that identification may be required as proof of identity before I am permitted to participate in any Senior Softball USA sanctioned tournament.

Applicant Signature

Date

Please make checks payable to:
Hawaii Island United Way
P.O. Box 745
Hilo, HI 96721-0745

Mayor's Cup Senior Softball Tournament
January 15-18, 2018

OFFICIAL TEAM ROSTER



Team Name: _____

Manager: _____

Manager Phone No: _____

Manager Email: _____

Men's
Division
Ages 60+

Women's
Division
Ages 50+

	Player Name <i>(Please Print):</i>	Jersey Number	Date of Birth (MM / DD / YY)
01			
02			
03			
04			
05			
06			
07			
08			
09			
10			
11			
12			
13			
14			
15			

The County of Hawaii does not discriminate on the basis of disability in the admissions or access to, or treatment, or employment in its programs and activities. Should you require any special needs, contact the Special Programs at 323.4340 or 961-8710 at least one week prior to the event. If you are unable to provide the advance notice, the EAD staff will attempt to make a reasonable accommodation to satisfy the request as long as it does not impose an undue hardship.

