



SOUTHERN CALIFORNIA MUNICIPAL ATHLETIC FEDERATION

GC : H65 @HC M8F ÷ 9HC I FB5A 9BHC : : 7 5 @9BHF M: C FA ..
.....9a U]. V]`VUbh4 gMa UZc f[



Team Name _____

Team Type: _____ COED

Manager's Name _____

Email address _____

Phone _____

Cell # _____

Address _____
Street City Zip

Payment: Make Checks Payable to SCMAF		
_____ Check or money order enclosed	_____ Venmo	_____ Credit Card (All Major Credit Cards Accepted)

MANAGER, PLEASE READ CAREFULLY

Type or print clearly the roster of players in the column below. Please mark "Check" to left of added player's name on roster. Any added player to your league roster must be from the same city program as your team and, in the judgment of your League Director, be of equal or lower caliber. Managers must make sure that all eligible players who may participate in the Tournament series are listed on this roster. Please check the SCMAF rulebook for complete SCMAF Tournament rules.

PLEASE PRINT OR TYPE NAME AND INFORMATION

Check if Added New Player	Player's Name	Date of Birth	# League Games Played Weekly	Approx. # of Tournaments Played this year
_____	1. _____	_____	_____	_____
_____	2. _____	_____	_____	_____
_____	3. _____	_____	_____	_____
_____	4. _____	_____	_____	_____
_____	5. _____	_____	_____	_____
_____	6. _____	_____	_____	_____
_____	7. _____	_____	_____	_____
_____	8. _____	_____	_____	_____
_____	9. _____	_____	_____	_____
_____	10. _____	_____	_____	_____
_____	11. _____	_____	_____	_____
_____	12. _____	_____	_____	_____
_____	13. _____	_____	_____	_____
_____	14. _____	_____	_____	_____
_____	15. _____	_____	_____	_____
_____	16. _____	_____	_____	_____

MANAGERS VERIFICATION: I hereby certify that this roster does not include any assumed names and that each player conforms to eligibility rules. I also agree, on behalf of my players, coaches and sponsor to accept the terms and conditions specified in the conditions of entry, for which we are allowed to participate in this tournament. I also accept that the tournament director reserves the right to change the format in the event of inclement weather. I also accept that the neither the Southern California Municipal Athletic Federation (SCMAF), its board of directors, the tournament director, it's sponsors, or the cities of Whittier and Santa Fe Springs will not be held responsible in any way for injuries that may be sustained by a player, manager, or coach while participating in this tournament. Entry into this tournament constitutes an agreement to these conditions. I also acknowledge my responsibility in submitting fees charged to enter the SCMAF Softball Tournament and paying those charges accruing. **MANAGERS: ALL FINANCIAL DISPUTES WILL BE SETTLED AT COUNTY OF LOS ANGELES, RIO HONDO COURT.**

Signature of Team Manager _____ Date _____