

YORK WOMEN'S INVITATIONAL TOURNAMENT ROSTER AUGUST 11TH & 12TH

1. _____	11. _____
2. _____	12. _____
3. _____	13. _____
4. _____	14. _____
5. _____	15. _____
6. _____	16. _____
7. _____	17. _____
8. _____	18. _____
9. _____	19. _____
10. _____	20. _____

Registration Form

TEAM NAME _____ CLASS _____

MANAGER _____

ADDRESS _____

LEAGUE PLAYED IN _____

PHONE NUMBER _____ (home) _____ (work)

SIGNATURE _____

Signature acknowledges that we are not responsible for accidents and injuries.

Send this sheet with your check or money order payable to:

GINNY HEATH
2244 Locust Lane, York, PA 17408
(717) 764-6768