

Roster and Entry fee must be sent together or your spot will not be guaranteed. This rule will be enforced this year.

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 "Hawaii Mayor's Cup" tournaments. I understand that on site, an ID card may be required as proof of identity before I am permitted to participate in any senior softball tournament.

NAME: _____ TEAM NAME: _____

ADDRESS: _____ CITY/STATE/ZIP: _____

E-MAIL: _____ TELEPHONE NO: _____

DIVISION (check applicable): MENS 70 ___ MENS 60 ___ WOMENS ___ TEAM (\$550) _____ INDIVIDUAL (\$60) _____

	Mark if <60 Aged Player	PLAYER NAME	BIRTHDAY Month/Year ONLY
1.			
2.			
3.			
4.			
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19.			
20.			

NOTE: The information here will only be seen by selected people. All documents with sensitive data will be destroyed after the tournament to protect your personal information.

Send this form along with payment of \$550 (team)/\$60 (individual) (if paid by Sept. 1), and "Waiver and Indemnity Form" to:

Bob Fitzgerald, 68-1834 Pau Nani St., Waikoloa Village, HI 96738-5438

Phone: (808) 430-1627 • E-mail: bobfitz9@gmail.com

Make check payable to: "WHIPAC"

TOTAL PAID \$ _____