

**GS3**

**Grand Slam Summer Softball League**

Team Name: \_\_\_\_\_

Age: \_\_\_\_\_

Division: \_\_\_\_\_

Night: \_\_\_\_\_

Team Coordinator: (All League information, updates, bulletins, cancellations etc. will be communicated through this person.)

Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Head Coach

Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Home Field: \_\_\_\_\_

Field Address: \_\_\_\_\_

Dates for Hosting: \_\_\_\_\_

**PAYMENT:**

1. Check or Money Order payable to: Mannino's Grand Slam USA

2. Credit Card (Visa, MC, Discover, AE)

Expiration Date: 


Amount \$: 


Signature: \_\_\_\_\_

Return payment with completed registration form to:

Mannino's Grand Slam USA

6635 Dublin Center Dr.

Dublin, OH 43017

**Questions:**

Call 614-717-9934 or email [manninosgrandslamusa@gmail.com](mailto:manninosgrandslamusa@gmail.com)

**PLEASE ATTACH COMPLETE ROSTER WITH PHONE AND EMAILS.**

