

4th Annual
Maggie Hilbrands Memorial Fastpitch Tournament
Presented by Lowell Xtreme Softball
July 30th – August 1st, 2010

INDICATE AGE/DIVISION

10U 12U 14U 16U

ENCLOSE = \$395.00

- Four (4) Game Minimum
- Rules and schedule info will be sent 1 week prior to the tournament date.
- First cleared check = first registered. Number of teams limited by field availability.

TEAM HOME CITY: _____

TEAM NAME: _____

COACH(s): _____

ADDRESS: _____

EMAIL: _____

PHONE #(s): _____

CELL PHONE #(s): _____

[LIST TWO WITH OWNERS NAMES IF POSSIBLE, FOR CONTACT DURING TOURNEY AS NEEDED]

Remit form and check to:

Lowell Xtreme Girls Softball Club
P.O. Box 132
Lowell, MI 49331

Contact: Cass Kilyanek Work Phone: (616) 897-7055 Cell: (616) 550-4334 Email: Tournament@lowell-softball.org

Call the work phone first for registration questions; use the cell number during tournament.



www.lowell-softball.org