

**USSSA**  
**Entry Form**  
**&**  
**Team Information**  
Travel Expense Tournaments & USSSA Qualifiers

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

Manager's Name: \_\_\_\_\_

Manager's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Wk Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Cell #: \_\_\_\_\_

Secondary Contact: \_\_\_\_\_ Cell#: \_\_\_\_\_

Hotel at which you are staying: \_\_\_\_\_

Date of Tournament: \_\_\_\_ \_\_\_\_ \_\_\_\_ To \_\_\_\_ \_\_\_\_ \_\_\_\_

Please mail this form to: Tournament Director

Comments: \_\_\_\_\_

Dodge City Sports  
P.O. Box 1371  
Dodge City, KS 67801  
1-800-423-2819 or 620-338-5375