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# **MCRPD 2019 COED SOFTBALL TEAM REGISTRATION**

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

Team Captain: \_\_\_\_\_

Contact Phone # : \_\_\_\_\_

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

## **Team Fee \$375**

## **Player Fee \$30 ea.**

**Return this form with your payment**

For more information Call  
Natalie @ 707-964-9446 ext. 203  
Or 707-357-5171