Valley Storm Softball 2017 10U 12U Midsummer Storm Please mark which division you plan to participate in: ____12U _____14UB _____16U

Deposit 100.00 due upon registration.
Full payment due by May 1st

leam name:	
City and State:_	
Team Website:_	

All teams must be registered with ASA ASA Registered

Please make checks payable to Valley Storm Softball:

Team Rating	ABC _	Unrated	
Head Coach:			
Email:			
Home number:			
Cell number:			
Assistant Coach:			
Home number:			
Comments			

Mail to: Valley Storm Inc. PO Box 75 South Deerfield, MA 01373

Please attach a copy of your roster including Names, Numbers and DOB and proof of insurance or you can email this to me when it becomes available.