



## 2018 Cool Breeze Payment Form

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

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

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

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

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

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

<b># of Teams</b>	<b>Division:</b>	<b># of Teams</b>	<b>Division:</b>
_____	8U Gold	_____	12U Gold
_____	8U Silver	_____	12U Silver
_____	10U Gold	_____	12U Bronze
_____	10U Silver	_____	14U Gold
_____	10U Bronze		

Total number of teams: \_\_\_\_\_

Total registration fees submitted (\$500 Per Team): \$ \_\_\_\_\_

Mail your printed payment form and check, payable to: **PYSA** to:

**PYSA, P.O. Box 70019, San Diego, CA 92107**

Questions, please contact Rob Thurmond: [tournaments@peninsulasoftball.com](mailto:tournaments@peninsulasoftball.com)