Tournament Registration
La Rochelle (France)
September 20-21, 2025

Send the signed registration form to 360@softballeurope.com

TEAM NAME: _____

CONTACT PERSON: _____

CITY: _____

TEL: _____

EMAIL ** _____

REPRESENT THE COUNTRY: _____

** for player online registration

Competition: :

☐ OPEN (Men) Tournament Fee: EUR 250

☐ Women Tournament Fee: EUR 250

Important note:

- Players must be registered online.
- I acknowledge that the team can only participate in the tournament with the signed insurance waiver. The document can be downloaded here: https://www.softballeurope.com/downloads/

By signing the registration form, insurance waiver and paying the tournament fee, the team is officially registered for the tournament.

DATE: _____ _____

NAME AND SIGNATURE OF THE CLUB/TEAM
THE LEGAL REPRESENTATIVE