

**Mayville Summer Sting**  
**10U May Stinger Softball**  
**Tournament**

**May 22 - 23, 2021**

**Registration Form**



**Team Name**

\_\_\_\_\_

**Contact Information** (please print)

**Coach's Name** \_\_\_\_\_

**Street Address** \_\_\_\_\_

**City, State, Zip** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**Email** \_\_\_\_\_

**Additional Contact Name** \_\_\_\_\_

**Street Address** \_\_\_\_\_

**City, State, Zip** \_\_\_\_\_

**Home Phone** \_\_\_\_\_

Make checks payable to: **Mayville Summer Sting**

Mail to: Missy Oechsner  
N7548 Hwy 67  
Mayville, WI 53050

Questions? contact Missy at [moechsner@sbcglobal.net](mailto:moechsner@sbcglobal.net) or 920-296-9523