WOMEN'S SUMMER LEAGUE

Please complete this registration/roster and send with your team fee to:

Winning Ways Sports Management, INC.
385 Center Pointe Cir., Suite 1319
Altamonte Springs, FL 32701

Contact Name:_____ **Cell Phone:**_____

Address:_____ **City:**_____ **Zip:**_____

Home #:_____ **Work #:**_____ **Fax #:**_____

Email Address:_____ **How did you about the League?:**_____

For: Women 18+(HS Grads) Former and Current College Players are welcome (NCAA Certi

Cost: $395 per team of 10 players or $40 for individual participants

When: June 20 - July 26, 2010

Player Name	Address,City, State, Zip	Email	Phone	Signature

I hereby authorize the directors of Winning Ways Sports Management, Inc. to act for me according to their best judgement in any emergency requiring medical attention and I hereby release, exonerate, and discharge Winning Ways Sports Management, Inc. and its employees from any and all action or cause of actions known or unknown for injuries incurred while at Winning Ways Women's Summer League or on the way to Winning Ways Women's Summer League.