

NEBRASKA USSSA SHOWCASE

PLAYERS ENTRY FORM

PLAYERS NAME: _____

PLAYERS ADDRESS _____, _____, _____.

THIS YEAR'S TEAM NAME: _____

MAIL FORM AND A \$75 CHECK TO:

Nebraska USSSA
13924 Josephine St.
Omaha, NE. 68138

Once we have received payment there are no refunds. We will mail award. Make sure form is clearly filled out.