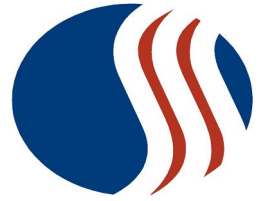


USSSA



ALL-STAR WORLD SERIES

TOURNAMENT PASSES ORDER FORM

ALL PRE-ORDERS MUST BE RECEIVED BY JULY 1, 2008

TEAM NAME: _____

MANAGER'S NAME: _____

CONTACT NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

NUMBER OF PASSES:

ADULT: _____ X \$25 \$ _____

YOUTH: _____ X \$15 \$ _____

TOTAL \$ _____

**all tournament passes will be distributed at the team
mom's meeting on Sunday july 6, 2008.**

Payments may be made at the team mom's meeting.

**Make Checks out to: Verify Inc.
Please mail or fax to: Verify Inc.
512 W.William David Pkwy
Metairie, La 70005
fax# 504-831-5700**