



THIS FORM IS MANDATORY FOR ALL TEAMS PLAYING IN OUR EVENT. PLEASE GIVE THIS TO THE SITE DIRECTOR PRIOR TO YOUR FIRST GAME.

Team Name: _____

Age Class (please circle): 7u 8u 9u 10u 11u 12u 13u 14u 15u 16u 17u 18u

Head Coach: _____

Address: _____

Phone: _____

Email: _____

Assistant Coach: _____

Phone: _____

Email: _____

Hotel: _____

Total # of rooms reserved: _____

Total # of days reserved: _____

Number of miles driven from Head Coach's home to ball field: _____