

GRAND CHUTE BASEBALL TOURNAMENT Registration Form

TEAM 1 Check availability for Thursday play _____

Team Name: _____

AGE Group:

Contact Name: _____

U10 _____

Address: _____

U12 _____

Indicate if all 9's or 11's

Phone: Home _____

Cell: _____

EMAIL: _____

League contact(If different from Contact above): _____

EMAIL: _____

TEAM 2 Check availability for Thursday play _____

Team Name: _____

AGE Group:

Contact Name: _____

U10 _____

Address: _____

U12 _____

Indicate if all 9's or 11's

Phone: Home _____

Cell: _____

EMAIL: _____

League contact(If different from Contact above): _____

EMAIL: _____

\$225.00 per team

TOTAL ENCLOSED: _____

Make Checks payable to: GRAND CHUTE BASEBALL