

2010 Culver's Memorial Day Tournament

Registration Form

May 28-30, 2010

Team Name: _____

Team's City, State: _____

Manager's Name: _____

Manager's Address: _____

Email: _____

Phone: Day: _____ Night: _____ Cell: _____

Manager **MUST** submit the following with this entry form:

1. Payment of \$250.00 (Checks made payable to Belvidere Youth Baseball).
2. Complete Team Roster with ages and birthdates (maximum 15 players)

Manager **MUST** have in his possession at all times during tournament:

1. Copy of each player's birth certificate as proof of age

Please send all entries to: Belvidere Youth Baseball
ATTN: Jason Schwebke
P.O. Box 322
Belvidere, IL 61008

Manager's Signature: _____