

2027 FATHER'S DAY FACE-OFF TOURNAMENT

8u, 10u, 12u, 14u B/C

JUNE 18 - 20, 2027

Registration form

Team Name_____ Age Level_____

Manager_____ Cell No. _____

E-Mail_____

Address_____

City_____ Zip_____

	Player first name	Player last name	Jersey #	Age	Birth Date
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					



Email registration/roster form and insurance to eclipse@epgirlssoftball.com