

2024 AFTER SCHOOL SPECIAL TOURNAMENT

16u & 18u B level

JUNE 7-9, 2024

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