

2025 FALL B4 FLAKES TOURNAMENT
8u, 10u, 12u B/C 10/17-10/19/25
9u, 11u, 14u, 16u B/C 10/24-10/26/25

Registration form

Team Name_____ Age Division_____

Manager Name_____

E-Mail_____ Which Weekend are you

Cell No._____ registering for:_____

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