

2024 FATHER'S DAY FACE-OFF TOURNAMENT

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

JUNE 14 - 16, 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 |
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Email registration/roster form and insurance to eclipse@epgirlssoftball.com