

2026 TOTAL ECLIPSE SHOWDOWN TOURNAMENT
9u, 11u, 13u B/C

MAY 21 - MAY 23, 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