

# 2010 ELIZABETH SPANO MEMORIAL FAST PITCH TOURNAMENT

## SELECT DIVISION

### REGISTRATION

WE WOULD LIKE TO ENTER THE FOLLOWING TEAMS IN YOUR SOFTBALL TOURNAMENT:

CLASS/DIVISION	FEE	# OF TEAMS	TOTAL
Ages 10 & U	\$300		
Ages 12 & U	\$300		
Ages 14 & U	\$300		
Ages 16 & U	\$300		

TOTAL AMOUNT ENCLOSED: \_\_\_\_\_

**MAKE CHECKS PAYABLE TO: TIPP CITY JR. BASEBALL, INC.**

AGE CUT-OFF IS JANUARY 1ST FOR ALL DIVISIONS

<b>Softball Organization:</b>	
<b>Address:</b>	
<b>City, State Zip</b>	
<b>Contact Person:</b>	
<b>Phone Number:</b>	
<b>E-Mail Address:</b>	

**Send Entries to Tournament Director:**

Jim Heatherly  
603 South Third Street  
Tipp City, Ohio 45371  
(937) 272-7665  
Email Address: [spanodirector@tcjb.org](mailto:spanodirector@tcjb.org)  
Alt. Email Address: [jheatherly@woh.rr.com](mailto:jheatherly@woh.rr.com)

## Select Division Roster

**Division:** U10 U12 U14 U16 (Circle One)

**Team Name:** \_\_\_\_\_

Name	Address	DOB
1)		
2)		
3)		
4)		
5)		
6)		
7)		
8)		
9)		
10)		
11)		
12)		
13)		
14)		
15)		

I acknowledge that the above roster information is accurate and I am willing to provide proof should it be requested.

Coach's Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_