2008 EAST BAY FALL BALL CLASSIC REGISTRATION FORM

(Please Submit Separate Registration Forms for Each Team)

Tournament Name: *East Bay Fall Ball Classic*

Dates/Division: **October 10-12** *10U* *12U*
(Circle One Age Group)
14U *16U*

Class: *ASA*

Fee: *$295.00*

Checks Payable To: *East Bay Fast Pitch*

Mail Checks To: *17 Charlotte Dr.* *Bristol, RI* *02809*

TEAM INFORMATION

** **Please note**: All correspondence will be done via e-mail. Please fill out all information completely.

Team Name: _____

Contact Name: _____

Address: _____

City/Town: _____ **Zip:** _____

Phone: **(H)** _____

(C) _____

(C) _____

E-Mail: _____

E-Mail: _____