

2019 Halloween Slam REGISTRATION FORM

Team Name:							<u>—</u>	
Division (Circle One):	8U	9U	10U	11 U	12U	13U	14U	
Type of Team (Circle One): All-Star			Re	creation	Travel	I		
Manager:				Cell:				
Address:				Work Phone	:			
City:	Zip:			FAX: #				
Home Phone:				E-MAIL:				
Coaches:		P	none #: _		e-	mail <u>:</u>		
Coaches:		Pł	none #: _		e-mail <u>:</u>			
Coaches:		Pł	none #: _		e-mail <u>:</u>			
 We will be playing by 20 Entry fee: \$495 per team if r \$535 per team aft 	egistered	by Septe	ember 30,	-		enrolled in t	he TPA Fall Ball League.)	
Please submit application a Please email admin@valley Venmo Tournament Fees to	<u>baseballto</u>	ourname	ents.com all / Can o	all 818-266-8	• .	•	ollment through	
			****W	AIVER***				
I agree to furnish our insurance Prospect Athletics, ASA, spon. and all injuries or incidents re treated by medical personnel i	sors, mana lated to the	igement, e league.	coaches, d I will also	officials and ar	ny and all part	ties related	to the league from any	
Man	nager's S	Signatu	re				Date	