



Grand Island Baseball
**3rd Annual Veterans Park
Memorial Baseball Tournament**
July 15th – July 19th, 2009



Contact:
Rich Bevilacqua
Tournament Director
(716) 628-2328
RichardBevolacqua1@msn.com

REGISTRATION FORM

Registration Fee: \$290.00 per Team

Registration Fees are payable by Check or Money Order, U.S. Funds only

Submit Registration Form and Payment by **June 27th** to:

*Grand Island Baseball
Veterans Park
Memorial Baseball Tournament
Attn: Rich Bevilacqua
18 Sawmill Run
Grand Island, NY 14072*

**A Tournament Packet will be provided upon registration.
Each team must submit a separate form, no exceptions.**

LEAGUE Information

League Name: _____ League I.D. #: _____

Tournament Director: _____ Phone #: _____

Tournament Director Email: _____

Tournament Director Address: _____

TEAM Information

Team Name: _____

Level of Play (circle one): Age: U11 – Baseball Age: U12 – Baseball

Manager's Name: _____ Phone #: _____

Manager's Email: _____

Coach's Name : _____ Phone #: _____

***Teams will be accepted based on receipt of registration form and payment.**