



Grand Island Baseball
 1st Annual Veterans Park
 Memorial Baseball Tournament
 July 19th to July 22nd
Team Registration Form

Contact:
 716-481-0312
 Joe Buffamonte
 Tournament Director

Team Registration

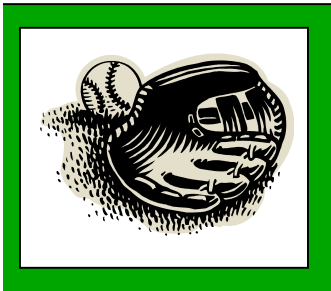
League Name: _____

Team Name: _____

Division: *Age: U11 – Baseball* *Age: U12 – Baseball* **(Circle One)**

Manager: _____

Phone# _____ **E Mail:** _____



Roster

Name:

Birthdate:

1.) _____	_____
2.) _____	_____
3.) _____	_____
4.) _____	_____
5.) _____	_____
6.) _____	_____
7.) _____	_____
8.) _____	_____
9.) _____	_____
10.) _____	_____
11.) _____	_____
12.) _____	_____
13.) _____	_____
14.) _____	_____
15.) _____	_____