



Marlboro Baseball

MEMORIAL DAY

Baseball and Softball

Tournament

A minimum of 4 teams will be required to hold a tournament in any individual age group

Please provide the following information:

Team: _____

Town: _____

Name, address, and telephone number of the primary contact person:

Name: _____ Telephone: _____

Address: _____

Email Address: _____

Name, telephone number and email address of the alternate contact person:

Name: _____ Telephone: _____

Email Address: _____

Please Circle Your Team's Division:

BASEBALL	8U	9U	10U	10U-B	11U 46/60
	11U-B 46/60	11U 50/70	12U	13U	14U

SOFTBALL	12U	14U
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Make checks payable (\$475 per team) to: Marlboro Baseball Inc. and mail this **completed form, check** and **copy of insurance document** to:

Marlboro Baseball
C/O Charles De Sanno
37 Petra Drive
Morganville, NJ 07751