



**TOURNAMENTS 2009
BASEBALL ENTRY FORM**

**MAY 23 -MAY 25
Memorial Day Tournament**

ORGANIZATION _____

TEAM NAME _____

MANAGER INFORMATION _____

NAME _____

ADDRESS _____

PHONE NUMBERS _____

HOME _____

CELL _____

EMAIL ADDRESS _____

SPECIAL REQUESTS* _____

* We will do our best to honor all reasonable requests
however, this application must be received prior to the
entry deadline.

CHECK ONLY ONE:

AGE DIVISION: _____ Born After

9 \$650 _____ 4/30/1999

10 (60') \$650 _____ 4/30/1998

11 (75') \$750 _____ 4/30/1997

12 \$750 _____ 4/30/1996

13 \$750 _____ 4/30/1995

14 \$750 _____ 4/30/1994

15 \$750 _____ 4/30/1993

16 \$750 _____ 4/30/1992

**This application with check must be in our
hands by 3:00pm May 16, 2009**

DIVISION STRENGTH

1 _____ Stronger

2 _____ Weaker

OUR INSURANCE CERTIFICATE:

is on file with NJBL _____

is mailed with this form _____

* Other _____

* Please note that your team will not be allowed to
participate unless proof of insurance is provided

MAIL THIS FORM, ALONG WITH INSURANCE CERTIFICATE (If not already on file with NJBL)
AND CHECK PAYABLE TO "NJBL-WEST" TO:

NJBL-WEST
c/o Jan Rosenblum
2800 Coyle Street
Apt 205
Brooklyn, NY 11235

NEED HOTEL?
sandysul@optonline.net

Gonna be late? Never send mail that
requires a signature. Call Dave (347) 247-8669

THIS WOULD BE A REALLY COOL PLACE TO ATTACH A CHECK

