

**East Meadow Baseball Memorial Day Tournament
2017
Registration Form**

Team name: _____

Check box for age group of team entering the tournament:

DIVISION 12UA 12UB 11UA 11UB 10U 9U 8U

DIVISION 13U 14U 15U

Is your team available to play on Friday Night 5/26/17? Yes No

Coach's Last Name: _____ First Name: _____

Manager Cell phone number: _____

Coach Cell phone number: _____

Primary Email address: _____

Special Request (Not Guaranteed) _____

Please make checks to:

East Meadow Baseball
PO Box 185
East Meadow, NY 11554