**Jennifer Kane Memorial Softball Tournament**

July 20-22, 2018

**Team Registration Form**

Town: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Team Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Division: ❑ 10U ❑ 12U ❑ 14U

Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Submit one form per team.

**Make checks payable to Plymouth Youth Baseball & Softball**

Send completed form and entry fee to: Plymouth Youth Baseball & Softball, PO Box 1474, Plymouth, MA 02362

Rosters must be submitted before your first game along with copies of player birth certificates, proof of residency and insurance certificate.

Plymouth Youth Baseball & Softball P.O Box 1474 Plymouth, MA 02362 (508) 746-9297 www.plymouthybs.org

**Jennifer Kane Memorial Softball Tournament**

**Team Roster**

**Town Team Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Team Manager:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **PLAYER NAME** | **ADDRESS** | **DOB** |
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**Roster must be accompanied by copies of player birth certificates, proof of residency and insurance certificate.**

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