

# 2025 FATHER'S DAY FACE-OFF TOURNAMENT

8u, 10u, 12u, 14u B/C

JUNE 13 - 15, 2025

## Registration form

Team Name \_\_\_\_\_ Age Level \_\_\_\_\_

Manager \_\_\_\_\_ Cell No. \_\_\_\_\_

E-Mail \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

	Player first name	Player last name	Jersey #	Age	Birth Date
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					



Email registration/roster form and insurance to [eclipse@epgirlssoftball.com](mailto:eclipse@epgirlssoftball.com)