

2024 FALL B4 FLAKES TOURNAMENT

8U, 11U, 16U, 18U October 25 - 27, 2024

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					
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11					
12					
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14					
15					



Email registration form and insurance to eclipse@epgirlssoftball.com