

2018 Baseball Tournament Application:

Address: 101 Michaels Rd.
Hinsdale MA 01235



Checks payable to: DDD Baseball
Mail to: Po Box 2021 Hinsdale MA
01235

*Must have a minimum of 12 players to enter. **April 30, 2018 Age cut OFF***

Event: _____ Price _____ Event Date: _____

Team Name: _____

Team Location: _____

Playing League: _____

Team Contact: _____ Title: _____

Address: _____ City/State/Zip: _____

Email: _____ Phone: _____

Roster Information

Coach: _____ Assistant Coach _____
Phone: _____ Phone: _____
Email: _____

Player Name	Age	Birth Date
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____
11. _____	_____	_____
12. _____	_____	_____
13. _____	_____	_____
14. _____	_____	_____
15. _____	_____	_____
16. _____	_____	_____

Method of Payment:

Cardholders Name: _____ MasterCard / Visa _____
Card Number _____
Expiration Date: _____ Amount: _____