



## September 1st, 2nd & 3rd, 2018

NAME OF TEAM: \_\_\_\_\_

LEAGUE AFFILIATION: \_\_\_\_\_

TEAM CONTACT: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP CODE: \_\_\_\_\_

MANAGER: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

ENTRY FEE IS **\$500.00** AND IS DUE IN FULL BY **AUGUST 15th** TO SECURE YOUR SPOT IN THE TOURNAMENT. IF PAYMENT IS PAID BY **AUGUST 1<sup>ST</sup>**, THE ENTRY FEE IS ONLY **\$475.00**.

PLEASE MAKE CHECKS PAYABLE TO: **TOM KERRIGAN MEMORIAL BASEBALL TOURNAMENT**

MAIL CHECKS AND REGISTRATION SHEET TO:

TOM KERRIGAN MEMORIAL BASEBALL TOURNAMENT  
C/O ED BRENNER  
PO BOX 615  
MT WOLF PA 17347

PLEASE CONTACT ME WITH YOUR QUESTIONS VIA:

E-MAIL ADDRESS: [edbrenner@verizon.net](mailto:edbrenner@verizon.net)

Cell phone: 717.495.9950



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