



September 4th - 6th, 2020

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.

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: edbrenner59@gmail.com

Cell phone: 717.495.9950



www.facebook.com/TomKerriganBaseballTournament/
www.tomkerriganmemorial.org