



Tournament Registration Form

Division: _____

Date of Tournament: _____

Association: _____

Team Name: _____

Team Roster

	Jersey No.	Last Name	First Name	Date of Birth
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

Position	Name	Email	Cell phone
Coach			
Ass't Coach			
Manager			

Make cheques payable to:
 West Kelowna Minor Baseball
 Box 26080, West Kelowna, BC V4T 2G3

Entry Fee: **\$350.00**