

MIAMISBURG TOURNAMENT APPLICATION FORM

COPIES OF BIRTH CERTIFICATES ARE REQUIRED

MAXIMUM ROSTER SIZE IS 15 PLAYERS

BOYS OR GIRLS

AGE GROUP

TEAM NAME:

TEAM LOCATION:

MANAGER'S NAME:

ADDRESS:

CITY/STATE/ ZIP

MANAGER'S PHONE

ASSISTANT COACH'S NAME

ASST COACH'S PHONE #

ASSISTANT COACH'S NAME

ASST COACH'S PHONE #

TEAM TYPE (CIRCLE)

ALL-STARS / REC

SELECT

MAKE CHECKS PAYABLE TO: MCYBSA

PLEASE FORWARD PAYMENT WITH THIS FORM TO:

MCYBSA
PO BOX 183
MIAMISBURG, OH 45343
ATTN: TOURNAMENT DIRECTOR

PAYMENT INFORMATION:

AMOUNT \$ _____

CASH

CHECK

CHECK # _____

CHECK TOTAL \$ _____