

**\*\*TEAMS MUST PROVIDE INSURANCE NAMING NJYB AND THE CITY OF HACKENSACK \*\* \*\*AS ADDITIONAL INSURED \*\***

**Return this form with your check or money order to cover your registration to.**

**N. J. Y. B. 560 Huyler St PO Box 5044, South Hackensack, NJ 07606**

**WE WILL ONLY TAKE THE FIRST PAID 8 TEAMS IN EACH DIVISION. AFTER THAT TEAMS WILL BE PLACED ON A WAITING LIST.**

**COST PER TEAM ;**

**11U THRU 16U = $600.00 8U -THRU -10U = $500**

**PLEASE CIRCLE THE CORRECT AGE BRACKET THAT YOUR TEAM IS ENTERING THE TOURNMENT**

**OPEN TO ALL TEAMS ( CLUB –ALL- STAR- TOWN TRAVEL) from 8u-16u MIXED TOGETHER AS YEAR’S PAST**

**MANTLE 16U/15U  KOUFAX 14U GRIFFEY 13U REESE 12U HODGES 11U  MAYS 10U  ROBINSON 9U  CLEMENTE 8U**

**NEW THIS YEAR 2014 10U-12U & 14U TOWN TEAM’S ONLY**

**C:\Users\Bill\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\RKBMU17Q\MC900198810[1].wmfWillie Mays 10u Town ONLY C:\Users\Bill\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\RKBMU17Q\MC900198810[1].wmfPee Wee Reese 12u Town ONLY**

**C:\Users\Bill\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\RKBMU17Q\MC900198810[1].wmfSandy Koufax 14u Town Only**

**Town & Team Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Manager’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Manager’s Address** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Manager’s Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ASST: Coach Contact: Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2014 REGISTRATION TOURNAMENT REGISTRATION FORM**

**NJYB MEMORIAL DAY TOURNAMENT IN HACKENSACK**