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**Return this form with your check or money order to cover your registration no later then 10 May 2017.**

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

**We can only off the WS and Regional Bids if you have a minimum of 8 teams.**

**The Tournament is OPEN to all Teams no restrictions except age regulations.**

**COST PER TEAM ;**

**11U THRU 13U = $700.00 8U -THRU -10U = $600**

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

**OPEN TO ALL TEAMS ( CLUB –ALL- STAR- TOWN TRAVEL) from 8u-13u**

**![C:\Users\Bill\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\7NK1C6YJ\MP900305788[1].jpg]()GRIFFEY 13U ![C:\Users\Bill\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\7NK1C6YJ\MP900305788[1].jpg]()REESE 12U ![C:\Users\Bill\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\7NK1C6YJ\MP900305788[1].jpg]()HODGES 11U ![C:\Users\Bill\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\7NK1C6YJ\MP900305788[1].jpg]() MAYS 10U ![C:\Users\Bill\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\7NK1C6YJ\MP900305788[1].jpg]() ROBINSON 9U ![C:\Users\Bill\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\7NK1C6YJ\MP900305788[1].jpg]() CLEMENTE 8U**

**Winners will receive a PAID Tournament Did to the following tournaments.**

**( Must have a minimum of 8 teams registered to offer WS Bids per age division)**

**8u – AABC 8u Clemente World Series in CT**

**9u-10u-11u-13u – AABC World Series in Rockford IL.**

**12u – AABC North Atlantic 12u Reese Regional Tournament in Rockland NY**

**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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2017 REGISTRATION TOURNAMENT REGISTRATION FORM**

**2017 Summer Classic Tournament**

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