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**\*\*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 no later then 10 May 2017.**

**N. J. Y. B. 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.( No team is added without payment)**

**COST PER TEAM ;**

**11U THRU 16U = $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-16u These Division are now Called our TRIPLE A Division**

**![C:\Users\Bill\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\7NK1C6YJ\MP900305788[1].jpg]()MANTLE 16U/15U ![C:\Users\Bill\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\7NK1C6YJ\MP900305788[1].jpg]() KOUFAX 14U ![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**

**Returning for the 2016 or Single A Divison 10U-12U & 14U TOWN TEAM’S ONLY Division**

**![C:\Users\Bill\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\RKBMU17Q\MC900198810[1].wmf]()Willie Mays 10u Town ONLY ![C:\Users\Bill\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\RKBMU17Q\MC900198810[1].wmf]()Pee Wee Reese 12u Town ONLY**

**![C:\Users\Bill\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\RKBMU17Q\MC900198810[1].wmf]()Sandy 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2017 REGISTRATION TOURNAMENT REGISTRATION FORM**

**NJYB MEMORIAL DAY TOURNAMENT IN HACKENSACK**