



# 2020 MEMORIAL DAY TOURNAMENT



## REGISTRATION FORM



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 \_\_\_\_\_

9u Rookie Division held in North Bergen NJ @ 76st

10u Rookie Division held in Tuxedo Park, NY

11u Freshman Division held in North Bergen NJ @ 46 St

12u Freshman Division held in Tuxedo Park NY

14u Sophomore Division held in North Bergen North Hudson Park

16u Junior Division held in North Bergen @ 67 St

**COST 9u-10u-11u-12u \$695.00 14u & 16u \$795.00- Payments**

10u & 12u ONLY pay on web site( <https://www.rocklandbaseballassociation.com/> )

**9u-11u-14u-16u Please send Checks or M/O to  
NJYB PO Box 5044 South Hackensack, NJ 07606**

*Teams must submit a copy of their Team Insurance naming NJYB and RBA as secondary insured  
A copy of their Roster*