



Wasco Memorial Day Baseball Classic

May 27-31, 2010

11U _____ *12U* _____
13U _____ *14U* _____

Team Name: _____

Manager: _____

Contact Number: _____

Email address: _____

Address: _____

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Fee: \$400 made payable to Wasco Baseball along with registration form

Send to: M. Howlett

548 Stoffa Ave

Elburn, IL 60119

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Players: Proof of Insurance and rosters with player names, numbers and DOB must be submitted with registration and payment.

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A \$50 refund will be sent to each team that brings multiple teams from the same organization. If you submit all registration forms together, deduct \$50 from each registration check and send all forms and payments together.

Multiple teams? Yes No

Name of other team(s) manager:

