Christopher Mylener Memorial Tournament Entry Form
May 5th-6th 2018

Team name: _____

Manager/Contact: _____

Phone: _____

Email: _____

Division:(circle one) **10U** **12U**

Roster Names: Age: DOB:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____

Entry Fee is **$150**

Please make checks payable to Peshtigo Youth Baseball and send to:
Peshtigo Youth Baseball
PO Box 13
Peshtigo, WI 54157

Entry Fees are non-refundable unless team can be replaced.