



Christopher Mylener Memorial Tournament Entry Form
June 7th-9th, 2019

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