



Entry Form
51st Annual West Bridgewater Invitational Tournament

City/Town: _____
League Name: _____

Contact Information

Name: _____
Street Address: _____
City, State, Zip _____
Home Phone: _____
Cell Phone: _____
Email Address: _____

Age Group: **12 Year Old** **10 Year Old**
(Please Circle One)

If you are going to enter multiple teams, please complete separate entry forms for each

Please enclose entry fee of \$500 for each team, payable to West Bridgewater Youth Athletic Association (WBAAA). Entries must be received by June 5, 2016.

**Send completed entry form and check to:
West Bridgewater Youth Athletic Association
PO Box14
West Bridgewater, MA 02379**

I hereby acknowledge that the WBAAA will not be held responsible or liable for any injuries that may result during the course of the tournament. I understand that each team will be responsible for providing its own accident and liability insurance.

Date

Signature

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FOR TOURNAMENT USE ONLY

Date Received: _____