

Baseball Entry Form

Name of Team: _____

Manager's Name: _____

Manager's Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Wk Phone: _____

Cell Phone: _____ Email: _____

Contact Person: _____ Cell #: _____

Secondary Contact: _____ Cell#: _____

Hotel at which you are staying: _____

Date of Tournament: _____

Age: (Circle Team age)

10U 11U 12U 13U 14U 15U 16U 17U 18U

Mail this form to:
Dodge City Sports
P.O. Box 1371
Dodge City, KS 67801