

Baseball Entry Form & Team Information

Travel Expense Tournaments & USSSA Qualifiers

Name of Team: _____
Manager's Name: _____
Manager's Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Wk Phone: _____
Fax: _____ E-Mail: _____
Contact Person: _____ Cell #: _____
Secondary Contact: _____ Cell#: _____
Hotel at which you are staying: _____
Date of Tournament: ____ ____ ____ To ____ ____ ____
Age: (Circle Team age)
10 & under 11 & under 12 & under 13 & under 14 & under
Please mail this form to: Tournament Director
Comments: _____

Dodge City Sports
P.O. Box 1371
Dodge City, KS 67801
1-800-423-2819 or 620-338-5375