



SUPER SERIES BASEBALL of AMERICA
TOURNAMENT ENTRY FORM

TEAM NAME:																							
AGE / DIVISION	<table border="0"> <tr> <td>7</td> <td>8</td> <td>9</td> <td>10</td> <td>11</td> <td>12</td> <td>13</td> <td>14</td> <td>15</td> <td>16</td> <td>17-18</td> </tr> <tr> <td colspan="3">SUPER 16</td> <td colspan="3">NATIONAL</td> <td colspan="2">AMERICAN</td> <td colspan="3">MINORS</td> </tr> </table>	7	8	9	10	11	12	13	14	15	16	17-18	SUPER 16			NATIONAL			AMERICAN		MINORS		
7	8	9	10	11	12	13	14	15	16	17-18													
SUPER 16			NATIONAL			AMERICAN		MINORS															
THE TOURNAMENT YOU ARE ENTERING	TOURNEY DATE: TOURNEY LOCATION:																						
MANAGER:																							
MAILING ADDRESS:																							
CITY STATE ZIPCODE																							
DAYTIME PHONE:																							
EVENING PHONE:																							
E-MAIL ADDRESS:																							
YOUR SUPER SERIES TEAM REGISTRATION NUMBER:	<p style="text-align: center;"><i>If Registered: Be Sure to Enclose a Copy of Your Current Season Super Series Roster / Registration. If your entry is received 14 or More Days in Advance you may deduct \$25.00 from the advertised entry fee.</i></p>																						

Mail your entry directly to the Tournament Director for the event you are wishing to enter.

For Questions: E-Mail info@superseriesbaseball.com