

Warsaw Invitational  *Baseball Tournament*

Registration Form

"Exact" Team Name: _____

Team Age Group: 10 & Under 12 & Under 14 & Under 16 & Under
 (Please mark one box)

Title	Name (First) (Last)	Mailing Address	Telephone No.	E-Mail Address
Manager				
Coach #1				
Coach #2				
Emergency Contact				

LANCE LEEPER

_____ _____ _____ _____
Signature of Entrant *Date* *Signature of Tournament Official* *Date*

Please Note: A Registration Form must be completed by EACH team entered in the Tournament. Your Emergency Contact MUST be someone other than your Manager or Coaches. Please mail this form, along with your Entry Fee, to W.I.T. Committee, P. O. Box 153, Warsaw, Indiana 46581-0153. **(You can expedite the registration process if you include your Team Roster, Birth Certificate copies, and signed Insurance Waivers.)**