Richmond Labor Day
Baseball Classic

A Benefit Tournament

Team Registration Form

Team Name_____ Team Manager: _____

Local League: _____

Division of Tournament Play (Circle One): 30+ 45+

Team Manager Mailing Address: _____
_____
_____

Team Manager E-Mail Address: _____

Contact Number(s) for Tournament:
Cell:_____
Alternate Number:_____
Can you receive texts on your cell phone? YES NO

To confirm team tournament registration, please remit payment in the amount of $770 (plus $25 per player over 14 on roster) via **Check, Cashier's Check** or **Money Order** made payable to **Mitchell Hash Foundation** and mail to:

Mitchell Hash Foundation
Tournament Director
3500 Marlboro Court
Charlottesville, VA 22901

Director Use: Date Received:_____ Team Number: _____

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