

**LABOR DAY
BASEBALL CLASSIC**



Team Registration Form

Team Name: _____ Team Manager: _____

Local League: _____

Division of Tournament Play (Circle One): 25+ 40+ 50+

Team Manager Mailing Address: _____

Team Manager E-Mail Address: _____

Contact Number(s) for Tournament:

Cell: _____ Can you receive texts on your cell phone? YES NO

Alternate Number: _____

To confirm team tournament registration,
please remit payment by August 15th
in the amount of **\$1,125** (*plus \$25 per player over 15 on roster*)
via Check, Credit Card, Debit Card, Cashier's Check, Money Order.

Checks made payable mail to:
Mitchell Hash Foundation
c/o Tournament Director
3500 Marlboro Ct
Charlottesville VA 22901

Director Use:

Date Received: _____ Team Number: _____