



4th Annual

**SARAH BETH WHITEHEAD MEMORIAL CLASSIC HIGH SCHOOL
SOFTBALL TOURNAMENT REGISTRATION FORM**

Thursday - Saturday, March 17 - 19, 2011

Entry Fee: \$200.00

High School Name: _____

Coach: _____

Address: _____

City: _____ **State & Zip:** _____

Office Number: () - _____ **Home Number:** () - _____

Fax Number: () - _____ **Cell Number:** () - _____

Email Address: _____

**you will receive tournament information and schedules at this e-mail address*

Can your team play Thursday afternoon/night? ___ Yes ___ No

Circle earliest starting time for Thursday: 3:00 4:30 6:00

Circle earliest starting time for Friday: 3:00 4:30 6:00

Please make check or money order payable to: ***City of Jackson***

Please mail check or money order along with this registration form to:

**West TN Healthcare Sportsplex
250 BancorpSouth Parkway
Jackson, TN 38305
Attn: Ricky Yates**

Email: sportsplex@cityofjackson.net

Phone: 1-800-941-2416

www.jacksonsportsplex.com