



## Baseball Registration Form

Date: \_\_\_\_\_

**Team Name:** \_\_\_\_\_ **Age Group:** \_\_\_\_\_

**City/State:** \_\_\_\_\_

**Tournament:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Entry Fee:** \_\_\_\_\_

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**Sanctioned by:**     **USSSA**                       **Other:** \_\_\_\_\_

**Sanction Number:** \_\_\_\_\_

**Classification:**     **Major**     **AAA**     **AA**     **Other:** \_\_\_\_\_

**Head Coach/Contact:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State & Zip:** \_\_\_\_\_

**Office Number:** (    ) - \_\_\_\_\_ **Home Number:** (    ) - \_\_\_\_\_

**Fax Number:** (    ) - \_\_\_\_\_ **Cell Number:** (    ) - \_\_\_\_\_

**Email Address:** \_\_\_\_\_

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: Ron Barry**

**Email: [rbarry@cityofjackson.net](mailto:rbarry@cityofjackson.net)  
Phone: 1-800-941-2415  
Ron Barry Direct: 731-425-8237  
[www.jacksonsportsplex.com](http://www.jacksonsportsplex.com)**