



SARAH BETH WHITEHEAD MEMORIAL HIGH SCHOOL
SOFTBALL TOURNAMENT REGISTRATION FORM

Thursday - Saturday, March 12 - 14, 2020
Entry Fee: \$275.00

High School Name: _____

Coach: _____

School 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*

Classification _____

District: _____

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

Circle earliest starting time for Thursday: 3:00 4:30 6:00 7:30

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

***** Times will be used as guidelines for structuring this tournament *****

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

Email: sportsplex@cityofjackson.net
Phone: 731-425-8640
www.jacksonsportsplex.com