



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

*Wednesday - Saturday, March 17 - 20, 2021*

*Entry Fee: \$275.00*

*3 Pool Games and Single Elimination Tournament (Weather Permitting)*

**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 Wednesday afternoon/night? \_\_\_ Yes \_\_\_ No

Can your team play Thursday afternoon/night? \_\_\_ Yes \_\_\_ No

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

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: [rblake@jacksontn.gov](mailto:rblake@jacksontn.gov)**

**Phone: 731-425-8640**

**[www.jacksonsportsplex.com](http://www.jacksonsportsplex.com)**