



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

*Wednesday - Saturday, March 15 - 18, 2023*

*Entry Fee: \$275.00*

*3 Pool Games and Single Elimination Tournament (Weather Permitting)  
Team MUST be able to play WEDNESDAY and/or THURSDAY for us to be able to give  
everyone 3 pool games. Bracket games will start early Saturday morning.*

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

**Phone: 731-425-8640**

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