MIDDLE SCHOOL BOYS BASEBALL TOURNAMENT REGISTRATION FORM

Thursday - Saturday, March 4 - 7, 2026
Entry Fee: $50

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*

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: 3:30 5:15 7:00

Circle earliest starting time for Friday: 3:30 5:15 7:00

****** 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

Limited to first 16 entries, secured by registration form.

Teams that can play Wednesday/Thursday will be taken over teams that can only play Friday/Saturday

Email: rblake@jacksontn.gov
Phone: 731-425-8237
www.jacksonsportsplex.com