

SOFTBALL TOURNAMENT REGISTRATION FORM

Thursday - Saturday, March 14-16,2019

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: West Tn. Healthcare Foundation

Memo: Sarah Beth Whitehead Memorial Softball Tournament entry fee

Please mail check or money order along with this registration form to:

John Whitehead

97 Vega Drive

Jackson, TN 38305

Email: jawhitehead9@yahoo.com

Phone: 731-426-3725