

20th Annual Team NJ October Fall College Showcase



Team Entry Form

October 13 - 15, 2017 (Fri - Sun)

Entry Fee: \$1,100.00
5 Game Guarantee

14U  16U  18U 

Name of Team:
Coach Name:
Address:
City / State / Zip:
Cell Phone Number:
E-Mail Address
Additional Contact :
Notes:

Please include a check payable to Team New Jersey Softball

Mail this completed form to:

Jim Barsalona

Team New Jersey Softball

PO Box 366

Rumson, NJ 07760

* Note: Please do not forget to complete the Roster form and email to:

Jim@teamnjsoftball.com