

2017 Team NJ/ROCK October Showcase



Team Entry Form



October 14 - 15, 2017 (Sat - Sun)

Entry Fee: \$950.00
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