

# 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](mailto:Jim@teamnjsoftball.com)