



# 21st Annual Team NJ October Fall College Showcase

## Team Entry Form

October 12 - 14, 2018 (Fri - Sun)

**Entry Fee: \$1,150.00**  
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)