



CCKC BASEBALL TOURNAMENT

JUNE 4TH - 7TH, 2015

WILLS PARK - WEBB BRIDGE PARK

ALPHARETTA, GEORGIA



TEAM NAME: _____

AGE GROUP: 6U ☐ 7U ☐ 8U ☐ 9U ☐ 10U ☐ 11U ☐ 12U ☐ 13U ☐ 14U ☐

DIVISION: ALL-STAR ☐ TRAVEL ☐

TEAM MANAGER/CONTACT: _____

CELL PHONE #: _____

HOME PHONE #: _____

WORK PHONE #: _____

EMAIL ADDRESS: _____

TOURNAMENT FEE: \$425 (*\$350 entry fee + \$75 gate fee*)

NOTE: Team insurance forms and player birth certificates must be available upon request before and during the tournament.

Please return this form and your tournament fee payable as follows:

Make check out to **Andy Faw** and mail to the following address:

Andy Faw
100 Shady Grove Lane
Alpharetta, Ga 30009
Cell phone: 678-984-5033