



ARIZONA SUPER SERIES

**SUPER SERIES
 TOURNAMENT ENTRY FORM**

TEAM NAME:	
AGE / DIVISION	7 8 9 10 11 12 13 14 15 16 17-18 SUPER 16 NATIONAL AMERICAN MINORS
THE TOURNAMENT YOU ARE ENTERING	TOURNEY DATE: TOURNEY LOCATION:
MANAGER:	
MAILING ADDRESS:	
CITY STATE ZIPCODE	
DAYTIME PHONE:	
EVENING PHONE:	
E-MAIL ADDRESS:	
YOUR SUPER SERIES TEAM REGISTRATION NUMBER:	<p style="text-align: center;"> <i>If Registered: Be Sure to Enclose a Copy of Your Current Season Super Series Roster / Registration. If your entry is received 14 or More Days in Advance you may deduct \$25.00 from the advertised entry fee.</i> </p>

Mail your entry directly to the Tournament Director for the event you are wishing to enter.

For Questions: E-Mail info@superseriesbaseball.com