



# 2019 9U Bomber Bash - June 20-23

## Tournament Registration Form



TEAM INFORMATION			
League		Insurance Co	
Team Name		Policy Number	
CONTACT INFORMATION			
Head Coach		Assistant Coach	
Coach Email		Asst. Coach Email	
Coach Mobile		Asst Coach Mobile	
ROSTER INFORMATION			
<ul style="list-style-type: none"> <li>- Please submit copy of certificate of insurance for your team with registration and payment.</li> <li>- Legible copies of birth certificates will need to be readily available and remain with the team for the duration of the tournament in the event eligibility of a player is questioned.</li> </ul>			
Jersey Number	Player Name (Please Print)		Player DOB
Coach Signature		Date	

Mail checks to: Jackie Bledsoe, 11807 Allisonville Rd., Suite 154, Fishers, IN 46038  
 Make Checks Payable to: 9U Bombers