



2018 Registration Form

Name of Team: _____

League Affiliate: _____

Manager: _____

Phone # Team Contact: _____

Email Address: _____

Street Address: _____

City, State, Zip Code: _____

Entry Fee: \$600 of which \$100 is due with registration form by Feb.16th to secure your spot in the tourney.(No refunds.)

Final Payment: **April 1st**.

Please make checks payable to: **Bridgeton Invitational Tournament**

Mail check with this registration form to the following address:

Bridgeton Invitational Baseball Tournament

C/O Gary Fischer

3 Apple Tree Court Bridgeton, NJ, 08302

Any questions contact by email: bridgetonbaseballtournament@gmail.com or Cell # 856-297-0526