

Rogers Youth Baseball
2008 Big Mama Tournament
May 9 - 11

Team Name: _____ USSSA #: _____

Home City/State: _____

Age: 7U 8U Division AA
 9U 10U AAA
 11U 12U
 13U

Coach Name: _____

Street Address: _____

City/State/ZIP: _____

Coach Home Phone: _____ Cell Phone: _____

E-mail address: _____

Asst Coach Name: _____

Coach Home Phone: _____ Cell Phone: _____

Are you available to play on Friday Night?

Yes - we can play at: 6:00 PM 8:00 PM either

No - please schedule our first game on Saturday, early morning

Please send registration form and payment of **\$265** to:

Rogers Youth Baseball
C/O Big Mama Tournament
PO Box 727
Rogers, AR 72757

Payment received by: _____ Date: _____ Check # _____ Cash _____