



Westurban Baseball Tournament Registration 2026

Team: _____

Division: 6/7MP 8UMP 8UKP 9U 10U 11U 12U 13U 14U

Coach: _____

Coaches Passes: **I UNDERSTAND 3 passes ONLY** _____ (Initials)

E-Mail Address: WRITE CLEAR PLEASE _____

2nd E-Mail Address: WRITE CLEAR PLEASE _____

Phone #: _____ Alt. Phone #: _____

Asst. Coach: _____ Phone #: _____

Asst. Coach: _____ Phone #: _____

Tournament Name/Date: _____

I understand the rules and regulations of Westurban Baseball. I will be responsible for my players, coaches, fans, and all of their words and actions.

SIGNED: _____ DATE: _____

Tournament Fee: _____ (3 GAME)

Machine Pitch: _____ (3 GAME)

Amount: _____ Date: _____ Trx #: _____

Amount: _____ Date: _____ Trx #: _____