



GHBL – 2010 Tom Korpowski Memorial Tournament Registration

Team Name: _____ City: _____

Tournament (Circle One): 8U 10U 12U 14U 16U (8U - \$300, 10U-16U - \$350)

Head Coach Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Other Contact Person: _____ Phone: _____

Email: _____

Other Contact Person : _____ Phone: _____

Email: _____

**TEAMS WILL NOT BE ALLOWED TO COMPETE IF ROSTER
AND PAYMENT IS NOT RECEIVED PRIOR TO FIRST GAME.**

PAYMENT DEADLINE: JULY 24, 2009

**PLEASE MAKE CHECKS PAYABLE TO:
GARFIELD HEIGHTS BASEBALL LEAGUE**

**And Mail to:
Jay Jusko, GHBL Field Director
7131 Rotary Drive
Walton Hills, Ohio 44146**

