

GNBA Tournament Registration Form

1. Fill in the form and send it along with a cheque payable to the GNBA.

2. **Mailing Address** GNBA @ Neil Alderton
7818 Salisbury Pl.
Niagara Falls, Ont.
L2H 2N1

3. PLEASE PRINT

Tournament _____ Date _____

Team Name _____ Division _____

Baseball Association _____ District (ICBA, YSBA etc) _____

Coach's Name _____

Address _____

City _____ Postal Code _____

Home Phone Number _____ Cell Phone Number _____

Contact Number on Tournament Weekend _____

E-mail Address _____

Team Manager _____ Cell Phone Number _____

4 Digit OBA Team Number _____ If Select Please indicate _____

Payment of Entry Fee will apply as an appearance fee and will not be refunded

Additional Information _____

GNBA

EST. 1931