

Global Sports Twin Creeks BOYS BASEBALL TOURNAMENT ENTRY FORM



TEAM NAME						HOME TOWN				
MANAGER'S	NAME									
ADDRESS									· · · · · · · · · · · · · · · · · · ·	
CITY						STATE ZIP				
HOME PHONI	WOR	K PHONE ()		CELL (_)				
E-MAIL ADDR	ESS				F <i>!</i>	AX NUMB	ER ()		
ASSISTANT N	IGR. NAI	ИЕ			A	SST. MG	R. HOME F	PH. ())	
ASST. MGR. \	NORK PI	Н. ()		ASST.	MGR. E-	MAIL			
				DIVIS	SION (Please	e Circle)				
Major			AAA	AAA			Div 1		Div. 2	
				AGE DI	VISION (Ple	ase Circle)			
	8U	9U	10U	11U	12U	13U	14U	15U	16U	
DATE OF NAME OF TOURNAMENT										
			Please	e circle the H	ost Hotel you	r team is st	aying at:			
Plaza Suites, Santa Clara 3100 Lakeside Drive Santa Clara, CA 95054 Phone: 408-748-9800						Other (non-Host)				
REG			NS MUST	BE MADE		IOR TO	TOURNAM		OURNAMENT. REFUND.	
PLEASE MAKE MAIL OR FAX (EKS. CRE	EDIT CARD	ORDERS AC	CCEPTED.	
Global Sports Twin Creek 969 Caribbean Drive Sunnyvale, CA 94089			rive					TC Tear	n Number	
	- Cuy	, <i>0,</i>		one: 408.73	84.0888, ext.	120	Fax: 408.7	34.0304		
PLEASE CIRCL	E METHC	D OF PA	YMENT:	CHECK	VISA	MAS	STERCARD			
Credit Card # _								_	EXP/_	
AMOUNT ENCL	OSED: TO	DURNAM	ENT \$	\$_		MAY	BE CHARG	ED TO THE	CREDIT CARD # ABOV	
Name on Card _					SIGNATI	JRE	SAME	NAME AS LIST	ED ABOVE	