



Stars of Tomorrow Entry Form

2016 STARS OF TOMORROW TOURNAMENT ENTRY FORM

Please submit a separate entry form for each tournament or team.

LIMITED OPENINGS - DO NOT DELAY IN ENTERING

Team Name _____

Coach Name: _____

City _____ State _____

Coach's Email: _____

Coach's Phone: _____

***REMINDER: GAMES START FRIDAY MORNING**

Coach's Address: _____

Please indicate which tournament you wish to enter:

All tournaments will be pool play with Bracket Tournament to follow on late Saturday and Sunday, guaranteed 4 games. See Stars website for further information and rules.

<u>TOURNAMENT</u>	<u>DATES</u>	<u>COST</u>
____ 12 & Under Classic Baseball	July 8-10, 2016	\$300
____ 14 & Under Classic Baseball	July 8-10, 2016	\$300

Program Contact Person: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone () _____ Work Phone () _____

Fax # () _____ E-Mail Address _____

(We will confirm entry via email)

Coaches will receive a packet with all pertinent information and forms prior to your first game.

Please Mail Completed Entry Form To: Stars of Tomorrow, PO BOX 533 La Crosse, Wisconsin 54602-0533

Note: ENTRY FEE MUST BE ENCLOSED, PAYABLE TO STARS OF TOMORROW

Please note: Teams who cancel after having been accepted in a tournament will receive a refund ONLY if the cancellation is more than 30 days prior to the start of that tournament AND a substitute team can be found. The refund is 50% if the cancellation is 30 or more days in advance of the tournament and no replacement is found. There is no refund in other cases. All cancellations must be in writing via email, starsoftomorrow@charter.net

Stars of Tomorrow
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Website: www.starsbaseball.com