

**Kickball Tournament**  
**Registration Form & Team Roster**

Team Captain: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

**Cost per team:**    10-15yrs  **\$50.00**            16yrs+  **\$100.00**

Team Name: \_\_\_\_\_

**Team Roster**

Name

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_
11. \_\_\_\_\_
12. \_\_\_\_\_

Teams please return or submit a completed entry forms accompanied by entry fee, payable to: ***Seadrift Chamber of Commerce*** or through website, [www.seadriftchamber.com](http://www.seadriftchamber.com).

Questions? email [seadriftchambertx@gmail.com](mailto:seadriftchambertx@gmail.com)