



2019 REGISTRATION FORM~ CO-ED SOFTBALL TOURNAMENT
Worton Park~ 10932 Worton Road, Worton, MD 21678
Saturday, June 1st

TEAM NAME: _____

TEAM MANAGER: _____

ADDRESS: _____

CONTACT INFO: Work: _____ Home: _____ Cell: _____

Fax: _____ Email: _____

REGISTRATION FEE: \$250 (Non-refundable)

The registration form and roster must be accompanied with payment in full by May 24, 2019.
Please make Check payable to "Chestertown Volunteer Fire Company" or pay on line through
PayPal at chestertownvfc.org.

ACKNOWLEDGEMENT: I, the undersigned, understand it is my responsibility to ensure that all team members and team officials abide by the rules and regulations governing play and behavior both on and off the field. I also understand that a violation of tournament rules and regulations may result in the disqualification of my team. Permission is also granted to use my contact information for tournament purposes.

Signature of Team Manager

Date

SEND COMPLETED REGISTRATION INFORMATION AND ROSTER TO:

CHESTERTOWN VOLUNTEER FIRE COMPANY

Attn: Patti Eason

P.O. Box 296

Chestertown, MD 21620

Or Email: dndcontracting1537@verizon.net

For Office Use Only

Amount Due: \$250

Date Received: ___/___/___

Collected By: _____

MO/Check#: _____