July 10th - July 11th 2021

Ocean State College Showcase

Entry Form

Team Name(18/16?)				
Coach's Name				
Mailing				
Address		st		city/state/zip
Contact Ph #s:				
	work		cell	
Email Address				
Mail Check & Reg	gistration Form	& copy of	insurance	
				– 5 game guarantee
Pay at the Plate				
Send To:				
Dave Lotti				
1 Charles Joseph Dr				
N. Dartmouth, MA 0	2747			
Please Sign, I have	e read & unders	stand all to	urnament rule	s posted on the
tournament web si	te.			
	C	oach of		
-tournament website				

-tournament website www.oceanstateshowcase.com