



SUPER SERIES BASEBALL of AMERICA

WINTER NATIONALS TEAM ENTRY FORM

| | | | | | | | | | |
|---------------------------------------|-----------------|----|----|-----------------|----|----|---------------|----|-------|
| TEAM NAME: | | | | | | | | | |
| AGE / DIVISION | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17-18 |
| | NATIONAL | | | AMERICAN | | | MINORS | | |
| MANAGER: | | | | | | | | | |
| MAILING ADDRESS: | | | | | | | | | |
| CITY / STATE / ZIP | | | | | | | | | |
| DAYTIME PHONE: | | | | | | | | | |
| EVENING PHONE: | | | | | | | | | |
| E-MAIL ADDRESS: | | | | | | | | | |
| WHERE DID YOU QUALIFY? | | | | | | | | | |
| YOUR TEAM REGISTRATION NUMBER: | | | | | | | | | |

Mail your entry directly to the **EVENT MANAGER** for the event you are wishing to enter.

For questions: (480) 664-2998 or E-Mail: info@superseriesbaseball.com

For Winter National Championship Information on the Internet:

<http://superseriesbaseball.com/winter.html>