

# 2023 PAPALE MEMORIAL TOURNAMENT REGISTRATION

Team Name: \_\_\_\_\_ Division: LL Travel

Team Type: Baseball Softball Little League ID (if applicable): \_\_\_\_\_

Head Coach: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Distance in Miles From Your Home Field to Our Complex (5040 S Washington St): \_\_\_\_\_

## Additional Documentation to Enclose with Registration

- ☐ Completed Registration Form
- ☐ Check or Money Order (Entry Fee)

## Documentation to Bring to the Tournament

- ☐ Copies of Player Proof of Age Documents
- ☐ Head Coach Photo ID (to pick up Welcome Packet)
- ☐ Completed Roster Sheet
- ☐ Certificate of Insurance (Travel Teams ONLY)

**\*\*TRAVEL TEAMS \*\*** Please be aware that **North East Little League** must be listed as additionally insured on your certificate of insurance specific verbiage required: **"additionally insured on a primary and non-contributory basis"**.

Physical Address 5040 S Washington St North East, PA 16428

Mailing Address PO Box 817 North East, PA 16428

## CHECKS SHOULD BE MADE OUT TO: NORTH EAST LITTLE LEAGUE

ENTRY FEES	Mail Registration Forms & Entry Fee To:
Little League Baseball \$200	Papale Memorial Tournament
Little League Softball \$200	c/o North East Little League
Travel Baseball \$300	PO Box 817
Travel Softball \$300	North East, PA 16428

For Division Selection LL = Little League