

2023 TRIANA MEMORIAL TOURNAMENT REGISTRATION

Team Name: _____ Division: LITTLE LEAGUE Travel

Team Type: Baseball Softball Age Group: 9U 10U 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

<p>ENTRY FEES</p> <p>Little League Baseball \$300 Little League Softball \$300 Travel Baseball \$400 Travel Softball \$400</p>	<p>Mail Registration Forms & Entry Fee To:</p> <p>Triana Memorial Tournament c/o North East Little League PO Box 817 North East, PA 16428</p>
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