

TOURNAMENT REGISTRATION FORM

Form must be accompanied by **Credit Card** or **Check** made out to: **Sal Agostinelli ML Baseball Camp**
Mail your form and payment to: **SAL AGOSTINELLI, PO BOX 18 KINGS PARK, NY 11754**

Team Name:	
Coach:	
Email:	
Home Phone #:	
Cell Phone #:	
Alternate Contact/Coach:	
Email:	
Home Phone #:	
Cell Phone #:	

Please record your total here:

\$

PAY BY CHECK **-or-**

PAY BY CREDIT CARD

- Visa MasterCard
 American Express

Name, as it appears on card

Credit Card number

Expiration date

FOR MORE INFORMATION

Call: (631) 366-1800