

# 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**

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

Please record your total here:

\$
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**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) 676-2530**