

ANTONIA AGOSTINELLI MEMORIAL TOURNAMENT

Online Registration

Team Name

Division

13U 14U 15U 16U 17/18U

What city and state is your team from?

Coach

Coach's Email **(to receive Tournament updates)**

Coach's Home Phone

Cell Phone

Alternate Contact/Coach

Alternate's Email **(to receive Tournament updates)**

Alternate's Home Phone

Alternate's Cell Phone

Credit Card #

Expiration Date (mm/yy)

Card Type:

Visa MasterCard American Express

Card security code

Special Request (i.e. preferred dates/times) - may not be honored, but considered.

TOTAL CHARGES:

0.00

Questions: info@salsbaseball.com or 631 979-0528

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