



2010 All-Star Tournament Application

| <u>Age Group</u> | <u>Dates</u> | <u>Amount</u> |
|------------------|-----------------------------------|---------------|
| 9 Year Old: | July 2nd to July 4 th | \$ _____ |
| 10 Year Old: | July 23rd to July 25th | \$ _____ |
| 11 Year Old | July 9th to July 11 th | \$ _____ |
| 12 Year Old: | July 16th to July 18th | \$ _____ |

Contact Information

Program / Town: _____

Coaches / Contacts: _____

Contact Address: _____

Phone Number: _____

E-Mail: _____

All slots are filled on a first come first serve basis. Payment is required ahead of time. Upon receipt of your check, the coach will be contacted to confirm your team's placement. Tournaments will be played rain or shine, no refunds will be given. Four game minimum. Seven game max for finalists. Games will begin Friday afternoons at 3:30 PM.

Please mail this form with check for \$400.00 for each team entered to
Yarmouth Little League
P.O. 841
South Yarmouth, MA 02664

To confirm availability, contact info@yyba.com.