



Sports Academy Tournament Registration Form

Tournament Name: _____

Player/Team Name: _____

Manager's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Team Tournament Age Group: _____

(Circle one) BASEBALL SOFTBALL FOOTBALL TRACK

Emergency Contact: _____ Phone: _____

Sports Academy at the Pines Member: (Circle one) YES NO

Payment Type: _____ Payment Amount: _____

Please mail registration and check or money order to:

Norton Pines Athletic Club

1350 Judson Rd, Norton Shores, MI 49456

BASEBALL/SOFTBALL TOURNAMENT REGISTRATION

For Questions or concerns:

Call: 231-760-8803 or Email: sportsacademyatthepines@gmail.com