



Chesapeake MSBL Regional Baseball Tournament Team Registration Form

Team Name: _____ Team Manager: _____

MSBL League Affiliation: _____

MSBL League President Name: _____

Age Division for Tournament Participation (25+/35+/45+): _____

Is your team an All-Star Team (Yes/No)? _____

Is your team a League Champion (Yes/No)? _____

Team Regular/Post-Season Total Record (W-L): _____

Team Manager Mailing Address: _____

Team Manager E-mail Address: _____

Contact Numbers:

Home: _____ Work: _____

Cell: _____ Fax: _____

Contact Number during Tournament: _____

Submit Team Tournament Registration Payment via **Cashiers Check** or **Money Order** made Payable to "**Chesapeake MSBL**" in the amount of \$675 and mail to:

Duane Cordrey
Chesapeake MSBL Tournament Director
2516 Kings Forest Trail
Mt Airy, MD 21771
e-mail: ChesPres@comcast.net
Phone: 410-980-2096

For Director Use:

Date Received: _____ Team Number: _____