



**Pool play with Single Elimination (Weather permitting)**

**TOURNAMENT DATES:** September 4-6

**NAME OF TOURNAMENT** : 2020 September Slam

**AGE DIVISON:** 14U B/C **TEAM NAME:** \_\_\_\_\_

**MANAGER/COACH NAME:** \_\_\_\_\_

**MAILING ADDRESS:**  
\_\_\_\_\_  
\_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_ **CELL PHONE:** \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_

***Your check will be holding a place for your team. Checks are due at least 15 days before the tournament start date.***

**Official ASA Team rosters, proof of insurance, birth certificates, and background checks must be presented to the tournament director upon arrival.**