



13AAA Cottage Grove Wolfpack Regime Baseball Tournament

Association: _____

Head Coach: _____ **Cell Number:** _____ **Email:** _____

Assistant Coach: _____ **Cell Number:** _____ **Email:** _____

Assistant Coach: _____ **Cell Number:** _____ **Email:** _____

Player #	Player Name	Birthdate

***Please bring this completed form to check in at least 45 minutes prior to your team's first game*