



MIDDLE SCHOOL BOYS BASEBALL TOURNAMENT REGISTRATION FORM

Thursday - Saturday, March 5 - 8, 2025

Entry Fee: **FREE**

School Name: _____

Coach: _____

School Address: _____

City: _____ State & Zip: _____

Office Number: () - _____ Home Number: () - _____

Fax Number: () - _____ Cell Number: () - _____

Email Address: _____

**you will receive tournament information and schedules at this e-mail address*

Can your team play Wednesday afternoon/night? ___ Yes ___ No
Can your team play Thursday afternoon/night? ___ Yes ___ No
Circle earliest starting time for Wednesday/Thursday: 3:30 5:15 7:00
Circle earliest starting time for Friday: 3:30 5:15 7:00 8:45
*** Times will be used as guidelines for structuring this tournament ***

Please make check or money order payable to: **City of Jackson**

Please mail check or money order along with this registration form to:

**West TN Healthcare Sportsplex
250 BancorpSouth Parkway
Jackson, TN 38305**

Limited to first 16 entries, secured by registration form.

Teams that can play Thursday will be taken over teams that can only play Friday/Saturday.

Email: rblake@jacksontn.gov

Phone: 731-425-8237

www.jacksonsportsplex.com