



SARAH BETH WHITEHEAD MEMORIAL HIGH SCHOOL SOFTBALL TOURNAMENT REGISTRATION FORM

Wednesday - Saturday, March 12 - 15, 2025

Entry Fee: **FREE**

*3 Pool Games and Single Elimination Tournament (Weather Permitting)
Team **MUST** be able to play **WEDNESDAY** and/or **THURSDAY** for us to be able to give everyone 3 pool games. Bracket games will start early Saturday morning.*

High 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*

Classification & District: _____

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: 3:00 4:30 6:00

Circle earliest starting time for Friday: 3:00 4:30 6:00

***** 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**

**Contact: Vikki Gullett
Email: vikkigullett@jacksontn.gov
Phone: 731-425-8640
www.jacksonsportsplex.com**