



# **2020 Jaxx/Lightning Tournaments**

## *Entry Form*

Event: \_\_\_\_\_

Fee: \_\_\_\_\_

Team Name: \_\_\_\_\_

Age Division : \_\_\_\_\_

Head Coach Name: \_\_\_\_\_

Contact Phone #: \_\_\_\_\_

Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

Alternate Team Contact ph. #: \_\_\_\_\_

Please register online to ensure your team's spot or mail-in registration fee payable to: RKE JAXX Softball to below address:

RKE JAXX Softball  
72 Inlet Terrace  
Belmar, NJ 07719

Please sign below:

Signature of Coach: \_\_\_\_\_



