



## **BYB Travel Tournament Registration Form**

Age Group: \_\_\_\_\_

Tournament Requested: \_\_\_\_\_

Tournament Dates: \_\_\_\_\_

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

Baseball Organization: \_\_\_\_\_

Team Home Town: \_\_\_\_\_

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

Team Contact (if different from head coach): \_\_\_\_\_

Coach/Contact Email: \_\_\_\_\_

Coach/Contact Phone Number: \_\_\_\_\_

Checks for tournament fees should be made payable to: *Batavia Youth Baseball.*

Please send the completed registration form along with the tournament fee to: Scott Clancy, BYB Travel League President, PO Box 631, Batavia IL 60510.

Please email questions regarding tournament entries to Scott Clancy at: [wclancy022@netzero.com](mailto:wclancy022@netzero.com)

*Do not consider your team formally entered into the tournament until you have received a confirmation email indicating BYB has received both your registration form and tournament entry fee.*

Thank you for your interest in our tournament!

