



SOMERS LITTLE LEAGUE

www.somersll.org

10U MEMORIAL DAY TOURNAMENT

Team Registration Form

Team Name: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Team Manager: _____

Phone Number: _____ Email address: _____

This 10u tournament utilizes the 2021 Little League Age Chart

	Player Name	Date of Birth
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		

The undersigned certifies that the birthdates provided are correct.

Signed _____ Date _____

Entry fee is \$500 payable to Somers Little League
Mail to: Somers Little League, P.O. Box 591 Somers, CT, 06071 or
pay on our sponsor page via pay pal www.somersll.org