



TAAF BASEBALL TOURNAMENT TEAM REGISTRATION FORM

Please make checks payable to the City of Corpus Christi

Mailing Address
P.O. Box 9277
Corpus Christi, TX 78469

It is very important that I have a cell phone number and email address on file

Team Registration: \$ _____

Team Name: _____

Manager's Name _____

Address: _____ City _____

Zip: _____

Telephone: Home _____ Work _____

Cell _____ Email Address _____

Assistant Manager Name _____

Address: _____ Zip _____

Telephone: Home _____ Work _____

Cell _____ E-mail address _____

As a player or coach, I will display good sportsmanship before, during and after the game. I understand that the official has the right to remove me or a member of my team from the game.

Coach Signature _____ **Date:** _____