HUB DEJONG TEAM / PLAYER REGISTRATION

TEAM NAME: _____AGE GROUP/League: _____

MANAGER: _____

ADDRESS:_____

E-MAIL: _____

PHONE: _____

COACHES: _____

Jersey #	Name	D.O.B	Age

Players/Coaches names will be placed in the 48th Annual Tournament Program Deadline for player/coach names is May 28th (Emailed to lyndencoach@gmail.com)
Please make checks payable to: Lynden Youth Sports. PO BOX 10, Lynden, WA 98264

$375-Four Game Guarantee Cal Ripken Competitive Division

$325-Four Game Guarantee Recreation Division

Register Early possible limited participation do to Washington State Guidelines
For additional Information contact Rick Lair Cell: (360) 815-5450 or lyndencoach@gmail.com