



2012 TOURNAMENT ENTRY FORM

CITY OF VAUGHAN BASEBALL ASSOCIATION

10190 Keele Street
Maple, Ontario L6A 1R7
Phone: (905) 832-9659
www.vaughanvikings.com

Please complete the entry form and forward it with the applicable fee to the Tournament Convenor.

Team Name: _____ Classification: _____
(A, AA, AAA)

Association: _____ Affiliate: _____
(YSBA, TBA, COBA)

Date of Tournament: _____ **Series/Division:** _____

Contact Person (Name): _____ Position: _____

Address: _____

City: _____ Province/State _____ Postal/Zip Code: _____

Telephone: Home: _____ Other: _____ Fax: _____

E-mail Address: _____ E-mail Address: _____

Cheque Amount: _____ Date of Entry _____

Please make cheques payable to: *City of Vaughan Baseball Association (CVBA)*

Mail cheque(s) along with Entry Form:

CVBA
10190 Keele Street
Maple, Ontario
L6A 1R7
Phone: (905) 832-9659
E-mail: double.d@rogers.com