



2020 Northeast Challenge

July 16 - July 18, 2020

Entry Form

Team Name: _____

Head Coach Name: _____

Contact Phone #'s: Work: _____

Cell: _____

Email Address: _____

Alternate Team Contact ph. #: _____

Make checks payable to: **Premier Softball** \$1600 – 6 game guarantee
Send registration and check to:

Premier Softball, 36 Bromley Place, Bloomfield, NJ 07003

Please sign below: I have read & understand all tournament rules posted
on the tournament web site: <https://www.nechallenge.com>

Signature of Coach: _____

