



December 1-3, 2023 Tournament Application

Team Name: _____

League Name: _____

League City/State: _____

Coaches Name: _____

Address: _____

Cellphone #: _____

Email: _____

Managers Name: _____

Cellphone #: _____

Email: _____

Describe the level of play for your team:

Please submit the following:

- A current USAH Roster. Email to bramparts@gmail.com
- A Non-Refundable \$100 deposit by September 30, 2023
 - Check payable to GAHA, PO Box 9, Batavia, NY 14021
 - Venmo to @GAHA-Hutchins
- Full payment due November 30, 2023

Questions please contact:

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