Helping Hospice Tournament
July 16th - 19th, 2026
Dover, Ohio
3 Game Format
2 Pool , Single Elim
•8U •10U •12U •14U •16U •18U
$525

Payment Due Date: April 15th, 2026

Team Name: _____Age Group_____
City: _____, State_____
Managers Name: _____
Cell Phone: _____
Email: _____

Checks mailed to: Uncle Charlie's Tournaments
1227 3rd Street NW
New Philadelphia, OH 44663
Make checks payable to: Uncle Charlie's Tournaments
330-409-3073
unclecharliestournaments@gmail.com

Tournament Refund Information:
Checks Payable to: _____
Address: _____
City: _____ State: _____ Zip: _____