



Helping Hospice

July 18-20th, 2025

Dover, OH

3 Game Guarantee

2 Pool, Single Elim

•8U •10U •12U •14U •16U •18U

\$525

Team Name: \_\_\_\_\_ Age Group \_\_\_\_\_

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: \_\_\_\_\_