

# 1<sup>ST</sup> ANNUAL



ALL IN FOR  
**AUTISM**

## WIFFLE BALL TOURNAMENT

### Team Registration Form

Team Captain: \_\_\_\_\_

Phone: \_\_\_\_\_

Team Name: \_\_\_\_\_

Email: \_\_\_\_\_

Last day for entry September 23<sup>rd</sup>: \$100 per team

\*\*Make checks payable to ALL IN for Autism\*\*

Enclosed \_\_\_\_\_

### Team Roster (4-6 Players):

1. \_\_\_\_\_

4. \_\_\_\_\_

2. \_\_\_\_\_

5. \_\_\_\_\_

3. \_\_\_\_\_

6. \_\_\_\_\_

\*Players must be 12 years of age or older; all genders welcome; players may only appear on one roster\*

- Mail form and money to: ALL IN for Autism, 5946 Courtney Pl., Milford, OH 45150
- Schedule will be posted to website by September 27:  
<http://allin4autism.net/wiffle-ball-tournament/>
- Direct questions to:
  - Sandy Flora (937)728-3613 or [sjflora\\_73@yahoo.com](mailto:sjflora_73@yahoo.com)
  - Matt Sampsel (513)498-7775 or [matt@allin4autism.net](mailto:matt@allin4autism.net)