

# 2017 ACME REGISTRATION AND FEE

FEE: \$75 per team (non-refundable)

Due: April 1<sup>st</sup> No late entries accepted for participation in tournament play.

Send Fee and Registration To:

Kristi Spencer  
 13432 Waynesfield Road  
 Wapakoneta, Ohio 45895

TEAM NAME: \_\_\_\_\_

SCHOOL AFFLIATION: \_\_\_\_\_

CITY: \_\_\_\_\_ COUNTY: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

**Team Roster Certificate will be available April 15<sup>th</sup> and due June 1<sup>st</sup>**

Nominate your eligible players for our ACME College Scholarship Program.

More info at: <http://acmebaseballcongress.org/scholarship-program/>

**ACME**

**FOR OFFICE USE ONLY**

Date Posted: \_\_\_\_\_

Date Received: \_\_\_\_\_

Amt Rec'd: \_\_\_\_\_

Mode of Payment:    \_\_\_ Cash  
                                          \_\_\_ Check (No. \_\_\_\_\_)  
                                          \_\_\_ Money Order (No. \_\_\_\_\_)  
                                          \_\_\_ PO (No. \_\_\_\_\_)

District Assignment:   1    2    3    4    5    6    7