NMAA Pre Tournament Requirement

5.

6.



*Coaches will not receive their packets/passes until this form is filled out and returned. Please submit to the NMAA office by fax (505-923-3114), e-mail (dusty@nmact.org), or hand delivery no later than 4pm on Tuesday May 9. This form takes the place of the mandatory coaches meeting.

NAME: SCHOOL:		
	YES	NO
2.	I have read and understand all NMAA Bylaws regarding the sport of baseball	
	YES	NO
3.	Please list your cell phone number below so that you may be contacted should an NMAA Tournament Director need to speak with you (i.e. inclement weather, schedule change, etc.)	
4.	. FOR OUT OF TOWN TEAMS ONL	Y:
	Please list the name of the hotel you are staying at while here for the tourname Be specific (i.e. Best Western – ABQ Airport, Days Inn – Rio Rancho, etc.) List the number of rooms your team will be utilizing each night during your stay.	
Nι	lumber of Coaches on Staff for the St	ate Tournament:
SI	SIGNED	
Coa	oach (sign or type name here)	Date (write or type)