



**TOURNAMENT FEES  
2019**

Charter Holder _____	Authorized Charter Official _____
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League Classification \_\_\_\_\_ Total number of teams \_\_\_\_\_

Date Submitted \_\_\_\_\_ Team Entry Fees \_ @ \$75.00 per team \_\_\_\_\_

Team fees and this form must be submitted as stated on the Charter Calendar                  Total Entry Fees \_\_\_\_\_

Team Name as listed on the roster	Manager name	Number of players

**USE ONE FORM FOR EACH CLASSIFICATION**  
*(If you need additional space, use another form)*

Make Checks Payable To: **Ohio Hot Stove Baseball League, Inc.**

Submit To: Pat Anderson  
Executive Secretary  
33963 Washington Blvd.  
North Ridgeville, OH 44039