

**OCONTO LITTLE LEAGUE
& PITCHING MACHINE**

2025 ENTRY FORM

JUNE 13th – 15th

TEAM NAME _____

MANAGER _____

ADDRESS _____

CITY _____ ZIP _____

HOME PHONE _____ CELL _____

EMAIL ADDRESS (PRINT CLEARLY) _____

**PLEASE CHECK WHERE YOUR TEAM WILL BE COMPETING.
NO PLAYER CAN REACH HIS 8, 9, 10, 11, 12 OR 13TH BIRTHDAY BEFORE MAY 1, 2025 FOR
RESPECTIVE DIVISION ENTERED.**

_____ PITCHING MACHINE 8 YR OLD \$300.00

_____ DIVISION 1 - \$350.00 12 YR OLD TEAMS

_____ DIVISION 2 - \$350.00 11 YR OLD TEAMS

_____ DIVISION 3 - \$350.00 10 YR OLD TEAMS

_____ DIVISION 4 - \$350.00 9 YR OLD TEAMS

(Entry fees are non-refundable unless the team can be replaced.)

PLEASE MAKE CHECK PAYABLE TO OCONTO LITTLE LEAGUE ASSOCIATION

ENTRY DEADLINE IS MAY 1st

Mail Entries to:

Nate Stamsta
177 WHITE OAK TRL
OCONTO, WI 54153
920-604-4344
nathanstamsta@yahoo.com

**LITTLE LEAGUE 9, 10, 11, 12 YR OLD DIVISIONS,
& PITCHING MACHINE DIVISION
ROSTER FORM**

Team Name: _____

Division: Pitching Machine (Check One) 8U__ D-1 (12U) __ D-2 (11U) __ D-3 (10U) __ D-4 (9U)__

	Name	Age	Date of Birth
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____
11.	_____	_____	_____
12.	_____	_____	_____
13.	_____	_____	_____
14.	_____	_____	_____
15.	_____	_____	_____

Coach must have proof of age if requested by tournament director.

Head Coach: _____ Cell Phone: _____

Assistant Coach: _____ Cell Phone: _____

Liability Statement: As coach of the _____ team participating in the Oconto Little League Association Tournament, I have received copies of the rules and agree to abide by them. Each team entered on behalf of the _____ (your league) organization has adequate insurance and I release the Oconto Little League Association of any liability during this tournament.

