



Office Use Only:
Payment _____

Tournament: **Hastings Spring Spike**

Playing Sites: **HHS/HMS/Adams Central**

Tournament Date: **Sunday, Feb 25, 2024**

Deadline: **Friday, February 11, 2024**

(If division is full you will be put on a waiting list)

Cost: **\$120/team** (\$108 for teams that have all team members Insured by the JVA)

*Do not need to be a member of JVA to play.

Ages Divisions: 10U – 17

Club Name: _____

Team Name: _____

Coach's Name: _____

Age Division: _____

Club Phone #: _____

Club Email: _____

Mailing Address: _____

Team Roster

Player Name	Age	D.O.B
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		

Signature of Team Representative

Date Entry Submitted

Checks made payable to: City of Hastings

Address: 2015 W. 3rd St Hastings, NE 68901

Contact: Steve Farrens at sfarrens@cityofhastings.org or Seth Webster at swebster@cityofhastings.org