

SPRINGFIELD-GREENE COUNTY PARK BOARD CITY WIDE YOUTH BASEBALL TOURNAMENT

Thursday, July 8 – Sunday, July 11, 2010

DIVISIONS & ENTRY FEES



Coach Pitch (6-9 yr olds) - \$125

Player Pitch (9 - 14 yr olds) - \$150



REGISTRATION DATES

June 1 - June 28, 2010

TOURNAMENT LOCATION

Cooper & Ewing Sports Complexes

- **Age cutoff date is MAY 1, 2009.**
- Tournament will be a double elimination format with a guaranteed two games per team.
- Tournament is open to any team playing in the Springfield-Greene County Park Board leagues or who has participated in a 2010 tournament.
- Sunday, July 11th is reserved for rain makeup games.
- Birth Certificates and photo IDs must be presented to a tournament representative before the team's first game of the tournament.
- The Springfield-Greene County Park Board WILL provide game balls for the tournament.
- The Springfield-Greene County Park Board Official 2010 Youth Baseball Rules and Regulations will be used in this tournament.
- Refund requests will be accepted up to 5 days before the tournament. Approved refunds will be charged a \$10.00 processing fee.
- If you have an individual with a disability, the Park Board requires at least one-week notice to provide individual accommodations. Please describe accommodations need on the back of this form.
- An "All Tournament Pass" will be sold for \$4.00 per person (13 & older) which will give each person full access for the entire tournament. There will be NO single game passes sold during tournaments.

Please complete the information below with payment.

MAIL your entry form to:

Springfield-Greene County Park Board
 Attn: Youth Community Athletics
 1923 N. Weller, Springfield, MO 65803

Register in person:

Killian Sports Complex
 2141 E. Pythian, Springfield, MO
 (417) 837-5817

Fax registration to:

Fax to (417) 837-5829

Please make checks payable to: **Springfield-Greene County Park Board** and include your **drivers license number and place of employment** on the check. MasterCard, Discover and Visa accepted. Payment must accompany form in order to complete registration. **A late fee of \$30 will be charged for late registration after June 28, 2010.**

COMPLETE AND DETACH THE FORM BELOW. KEEP THE UPPER PORTION FOR YOUR RECORDS.

CITY WIDE YOUTH BASEBALL TOURNAMENT

Team Name: _____ Coach's Name: _____

Coach's Address: _____

City: _____ Zip: _____ Day Phone: _____

Night Phone: _____ Fax: _____ Email: _____

PLEASE CIRCLE TEAM CLASS INFORMATION AND AGE GROUP THAT IS DESIRED

TEAM CLASS INFORMATION – (Please rate your team with 1 being the highest and 4 the lowest)

*Class 1 – experienced team,

*Class 2 – semi-experienced team,

*Class 3 –average team

*Class 4 – rookie team

Circle Age Division: CP 6 CP 7 CP 8 CP 9 PP 9 PP 10 PP 11 PP 12 PP 14

Method of payment: Cash _____ Check _____ Visa/MC/DIS _____ Card Number: _____

Signature: _____ Expiration Date: _____

(FOR OFFICE USE ONLY)

Amount Paid: _____ Reference/Check Number: _____ Receipt Number: _____

