



SOFTBALL REGISTRATION

TEAM NAME: _____

PLEASE CIRCLE: MALE COED

TOURNAMENT: NEW YEARS(Jan 2nd, 2016)

SPRING (Apr. 2nd, 2016)

TEAM CONTACT INFORMATION

Manager/Coach: _____ Phone: _____ Cell: _____

Email: _____

IMPORTANT INFORMATION

- Tournament fee is \$195 per team
- Schedules will be emailed to the team coordinator; it is necessary for each team to have one player with email access
- Cleats and turf shoes are not allowed
- Gum and chewing tobacco are not allowed in the facility
- Food and beverage cannot be brought into the facility. Our revamped concessions area will be open.
- A team roster is due prior to the first game. Teams/players may not compete until these forms are submitted.
- The roster form has a disclaimer and waiver information. This must be provided to all team members by the team contact.
- Anyone guilty of fighting on the property will be immediately suspended indefinitely, without refund, and may also be subject to any action deemed appropriate by the Holland Police Department. The suspended player's team may also be subject to disciplinary sanctions, including from the expulsion from the Soccer Stop Sportsplex.
- These tournaments are designed for players to get a little ball in during the winter months and should be approached in a more recreational manner as opposed to a competitive endeavor.
- The winning team in each division will receive one team trophy.
- Each team is guaranteed 3 games. Those games can consist of any combination of round robin or playoff games
- Our tournaments are run with round robin play with group winners advancing to the final
- Schedules may change after the start of the tournament for various reasons

A \$50 non-refundable deposit is due upon team registration. The team roster/waiver form is due by the team's first game. Team balance is due by the team's first game. As team contact, I understand that I am responsible for submitting the team roster and full on-time payment of my team fees. I have read this entire form and agree to disclose the information to my team.

Signed: _____ Date: _____

OFFICE USE: DATE RECEIVED _____ INITIALS _____
AMOUNT PAID \$ _____ CASH CHECK# _____ MC VISA
BALANCE DUE \$ _____