

# 2009 PRE-TRI COUNTY SOFTBALL TOURNAMENT

RECREATION LEAGUE ALL STAR TEAMS ONLY

Age Groups 6U through 18U  
(Fast pitch for 10U and older)

**DATE:** Tues, June 2nd – Sunday June 7th, 2009  
(In case of inclement weather tournament may extend after Jun 9<sup>th</sup>)

**LOCATION:** DACULA PARK  
205 DACULA RD.  
DACULA, GA. 30019  
RAINOUT # 1-866-220-6144

**COST:** \$175.00 entry fee per team and \$175 team fees (No gate fee)

For more information, contact Brian Murdock at 404-456-7238  
([bkstacy@comcast.net](mailto:bkstacy@comcast.net)) OR Mike Moore at 678-858-4712 ([kvmdesigns7@bellsouth.net](mailto:kvmdesigns7@bellsouth.net))

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**Please make check payable to DAA (Dacula Athletic Association)**

Deadline for submitting entry form is May 20, 2009.

Home Park \_\_\_\_\_ Age Group \_\_\_\_\_

Gold or Silver Bracket (6U thru 10U only) \_\_\_\_\_

\*see TriCounty Rules for eligibility

Team Name \_\_\_\_\_

Manager's Name \_\_\_\_\_

Phone/Contact information

Hm: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

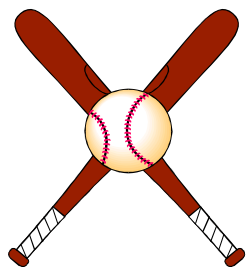
E-mail \_\_\_\_\_

Other team contact: \_\_\_\_\_

HM \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

E-mail \_\_\_\_\_

## 2009 Pre-TRI-COUNTY TOURNAMENT TEAM FORM



**AGE GROUP** \_\_\_\_\_

**PARK NAME** \_\_\_\_\_

|                  | Birth Certificate Name | Address    |            |      | D.O.B. | √ |
|------------------|------------------------|------------|------------|------|--------|---|
| 1.               |                        |            |            |      |        |   |
| 2.               |                        |            |            |      |        |   |
| 3.               |                        |            |            |      |        |   |
| 4.               |                        |            |            |      |        |   |
| 5.               |                        |            |            |      |        |   |
| 6.               |                        |            |            |      |        |   |
| 7.               |                        |            |            |      |        |   |
| 8.               |                        |            |            |      |        |   |
| 9.               |                        |            |            |      |        |   |
| 10.              |                        |            |            |      |        |   |
| 11.              |                        |            |            |      |        |   |
| 12.              |                        |            |            |      |        |   |
| 13.              |                        |            |            |      |        |   |
| 14.              |                        |            |            |      |        |   |
| 15.              |                        |            |            |      |        |   |
|                  | Name                   | Home Phone | Work Phone | Cell | E-Mail |   |
| <b>Coach</b>     |                        |            |            |      |        |   |
| <b>Assistant</b> |                        |            |            |      |        |   |
| <b>Assistant</b> |                        |            |            |      |        |   |
| <b>Assistant</b> |                        |            |            |      |        |   |

In the event of game delays due to rain or other circumstances where game schedules are subject to change, it is the responsibility of each team to contact the tournament director or his appointed representative regarding game times.

Duplicate copies of this form must be completed and signed by the head coach and each park's Softball Director and presented at the team certification meeting with funds made payable to DAA (Dacula Athletic Association) the amount of \$350.00. This includes the \$175 entry fee and the \$175 team fee. Each park must also provide proof of insurance. One copy of the team form will be returned to you signed by the Tournament Director. The Tournament Director will retain the official copy. The tournament director prior to the start of the tournament will consider changes to the team roster, but no changes may be made after the tournament begins. In the event of player eligibility protest, you must have your copy of this form and copies of all birth certificates for each child. Failure to have a copy will constitute ineligibility.

I hereby certify that all players are recreational league or C level players who have participated in our park's age group listed above during the regular season. I further certify that no player listed above has played more than three (3) tournaments and/or league games on a travel team. I understand that all games where an ineligible player has participated will be forfeited.

\_\_\_\_\_  
PARK SOFTBALL DIRECTOR SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
HEAD COACHES SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
TOURNAMENT DIRECTOR'S SIGNATURE

\_\_\_\_\_  
DATE