SWINGIN' INTO SUMMER SOFTBALL TOURNAMENT

SATURDAY & SUNDAY
JUNE 11-12, 2016

$175.00/TEAM

- Age as of 12/31/2015
- Coaches check in 1 hour prior to 1st game
- Games begin at 8:00am on Saturday
- All games will be played at the Sgt. Bluff Recreation Complex & B St Complex

*** To enter fill in and send this form along with a check or money order to:
City of Sgt. Bluff, 401 4th St. PO Box 703, Sgt. Bluff, IA 51054
*** For more information call Parks & Rec Department @ 712-943-5800
brent@cityofsergeantbluff.com or www.cityofsergeantbluff.com

DIVISIONS: PLEASE CIRCLE ONE

10U'S 12U'S 14U'S

Team Name: _____

Coach's Name: _____

Phone Number: _____ Cell: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Waiver Clause: Please fill out the attached roster with players name and parent signatures with this registration form:

- 5 fields
- Coaches will receive game times 5-6 days prior
- 4-8 teams per division accepted
- Round Robin on Saturday & Single Elim Sunday
- Game times will be 65 minutes
- Follow IA HS Rules
- Deadline is May 20th, 2016
- 4 game guaranteed
- Medals for 1st place

ROSTER

PLAYER 1: _____ DOB: _____

PARENT SIGNATURE: _____

PLAYER 2: _____ DOB: _____

PARENT SIGNATURE: _____

PLAYER 3: _____ DOB: _____

PARENT SIGNATURE: _____

PLAYER 4: _____ DOB: _____

PARENT SIGNATURE: _____

PLAYER 5: _____ DOB: _____

PARENT SIGNATURE: _____

PLAYER 6: _____ DOB: _____

PARENT SIGNATURE: _____

PLAYER 7: _____ DOB: _____

PARENT SIGNATURE: _____

PLAYER 8: _____ DOB: _____

PARENT SIGNATURE: _____

PLAYER 9: _____ DOB: _____

PARENT SIGNATURE:_____

PLAYER 10: _____ DOB: _____

PARENT SIGNATURE: _____

Waiver Clause: Please submit a roster with players name and parent signatures with this registration form: I hereby waive and release any and all rights for damage I may have against the City of Sgt Bluff and Sgt Bluff Community School District for any and all injuries suffered in tournament play.