

## **EMPIRE SOFTBALL**

## **TOURNAMENT REGISTRATION FORM**

| Team Name:  |
|---|
| Manager Name:   |
| Manager Address:  |
| Manager E-Mail Address:   |
| Manager Cell Phone Number:  |
| Tournament Name/Date:   |
| Circle Division: MENS WOMENS COED   |
| Circle Level of Play: E D OPEN Charity/Recreational   |
| Amount Paid: \$ cash / check / credit card  |
| Remaining Balance \$ due no later than:   |
| This deposit secures a spot for the team named above in of one of the Empire Softball<br>Tournaments. Full payment is due no later than 5 days prior to the tournament date. This |
| deposit is completely non-refundable as we will be holding a spot for the team in a tournament  |
| that may have a limit on the number of teams accepted. <u>I understand that there is no insurance</u>   |
| of any kind included in tournament fees, and that umpire fees may be additional. In the event of  |
| a rain cancellation, a full refund or future credit will be given, other than the USSSA/GSL team  |

| SIGNATURE OF MANAGER:                | DATE: |  |
|--------------------------------------|-------|--|
|                                      |       |  |
| SIGNATURE OF EMPIRE LEAGUE OFFICIAL: | DATE: |  |

registration fee if this is the first tournament for the team during the season.