



City of Los Angeles \* Department of Recreation and Parks
MUNICIPAL SPORTS



FALL/WINTER 2008-09 CHAMPIONSHIP
SOFTBALL TOURNAMENT ENTRY FORM

CHECK CORRECT BOX (Current Division):

- OPEN B+, OPEN C+, CO-REC B, CO-REC C, OPEN B, OPEN C, CO-REC C+ (Co-Rec B and C+ will probably be combined)

Single Elimination - MINIMUM EIGHT (8) TEAMS NEEDED PER DIVISION

Application Due Date: Application must be submitted with your team roster prior to roster deadline. Tournament Entry fee OF \$50 is due by Dec. 12, 2008.

Fee Includes: Softballs, 1st & 2nd Place City & 2nd Place Region Awards, and Staff Fees

UMPIRE FEES OF \$15 PER GAME ARE NOT INCLUDED IN THE REGISTRATION FEE.

TEAM NAME (PLEASE PRINT)

Grid for team name entry

Grid for league number, day of league, current record (wins, losses, ties), and place

Grid for manager's name

Grid for address

Grid for city and zip code

Grid for day phone, night phone, and pager/cell phone

Grid for contact person and daytime phone

TOURNAMENT DATES

Feb. 8-March 1, 2009

Games will be played on Sundays in Encino. Teams will play multiple games each Sunday. In the case of rainouts game will be moved to Saturdays and weeknights.

Approved Ruling: Players may compete on more than one team as long as the teams are in different Divisions (7 divisions listed above). Skill levels must be adjoining (i.e. either C & C+, or C+ & B, or B & B+). Players may NOT play on two teams in the same division regardless of Region. Players must be on their team's legally submitted Roster or Add/Drop Form on file in the Sports Office. Photo ID required and checked each game. Games will NOT be rescheduled due to conflicts.

My team will abide by the "Tournament Procedures" on pages 44-46 of the RED Municipal Sports Softball Official Rule Book and all other rules (pages 3-51).

Manager's Signature \_\_\_\_\_ Date \_\_\_\_\_

ENTRIES MUST BE MAILED OR DELIVERED TO: VALLEY SPORTS OFFICE

6911 LAURELGROVE AVE.
NO. HOLLYWOOD, CA 91605

Make Checks Payable to: "L.A. City Rec. & Parks"
PUT DRIVER'S LICENSE NUMBER ON ALL CHECKS!

APPLICATIONS MUST BE SUBMITTED WITH TEAM ROSTER.

CALL SPORTS OFFICE (818) 765-0284 TO CONFIRM THAT MAILED APPLICATION HAS BEEN RECEIVED ON TIME.

Form for credit card payment: Print Cardholder's Name, Signature, Credit Card Number, Expiration, Amount, Billing Zip Code, Last group of numbers on signature panel on back of card (front if AMEX), OFFICE USE ONLY: Auth., Ref.

RECEIPT # \_\_\_\_\_ AMOUNT \$ \_\_\_\_\_ DATE \_\_\_\_\_ INITIAL \_\_\_\_\_