

Charlton Softball Association
2016 10U, 12U, 14U, 16U
Softball Tournaments

**Charlton Wildfire Softball cordially invites you to participate in our 2016
Recreation Softball Tournament.**

Division 10 and under: All players must have been born after Jan.1, 2005

Division 12 and under: All players must have been born after Jan.1, 2003

Division 14 and under: All players must have been born after Jan. 1, 2001

Division 16 and under: All players must have been born after Jan. 1 1999

**** 10U & 12U are B/C Recreational level tournaments**
(60% of players must come from 1 town)

Dates: 10U: June 10th-12th

12U: May 27th-29th

14U: June 3th-5th

16U: TBD

Location: All games played at the Charlton Softball League fields located behind the Library in Charlton Center. **F1** - Allen Field; **F2** - Memorial Field; **F3** - Charlton Middle (If needed)

Fee: \$400.00 – 10U, 12U: First games may start Friday at 6:00pm. Draw will determine schedule.

Fee: \$425.00 – 14, 16U: First games may start Friday at 6:00pm. Draw will determine schedule.

Teams: Maximum – 10 each for 10U and 14U age level, 12 teams for 12U, 8 teams for 16U

Team Trophy – 1st place winner

Individual Trophies - 1st & 2nd places

Tournament Pins - All participants.

Format: 3 Game Seeding Round (Friday/Saturday); Single elimination (Sunday)

-A complete set of tournament rules and brackets will be mailed 1 week prior to tournament.

-**To reserve a spot for your team:** please send the check and information page to Charlton Softball Association, PO Box 94, Charlton, MA 01507.

-**If you have any questions:** please call Bob Doiron, Tournament Director at 508-735-4761.

If you are not the correct contact for this tournament, please forward this information to the appropriate person.

(In the event of rain, board members of Charlton Softball Association will make a recommendation to the tournament director as to how best to proceed with the tournament. No refunds will be given. Seeding and elimination game times may be adjusted.)

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Softball Tournament**

Please mark which tournament you plan to participate in:

_____ **10U June 10, 11, 12**

_____ **12U May 27, 28, 29**

_____ **14 U June 3, 4, 5**

_____ **16U TBD**

Contact Information:

League Name: _____

Contact Person _____

Phone & Cell # _____

Email address _____

Manager's Name _____

Phone & Cell # _____

Email address _____

Payment Info _____ **Check** _____ **Cash** _____ **Other**

Comments _____

Please fill out the information and return to Charlton Softball,
PO Box 94, Charlton, MA 01507 by May 1st.