



NEW YORK STATE ASA DISTRICT #7 GIRLS FASTPITCH SOFTBALL

OFFICIAL ENTRY FORM CLASSIE LASSIES TOURNAMENT

TOURNAMENT HOST: Classie Lassies Softball League- www.classielassies.net

CONTACT: Jerry McMeel at classielassie13@gmail.com or 518-641-8122

TOURNAMENT DATES: **October 22, 2016 - October 23, 2016**

TOURNAMENT NAME: **Classie Lassies Field of Screams**

AGE DIVISION - CIRCLE 1: 10u 12u

TEAM NAME: _____

MANAGER/COACH NAME: _____

PHONE NUMBER: (H) _____

(C) _____

MAILING ADDRESS: _____

EMAIL ADDRESS: _____

A non-refundable \$475.00 registration fee, as specified in the tournament announcement, is due at the time this form is submitted. Make checks payable to Classie Lassies Softball and mail the checks to The Classie Lassie INC, c/o Tournament Director, PO Box 429, Wynantskill, NY 12198. Registration is on a first come, first serve basis, with your check holding a place for your team. Team rosters, proof of insurance, due the day of tourney prior to the start of the tournament, unless he/she advises otherwise. All managers & coaches must be dressed alike; this includes shirts and pants in team colors. No Jeans or cut offs will be allowed on the field.