



Charter Oak

Battle of the Bats

All Star Tournament 2018 Team Roster



Date: June 1st – 3rd, 2018 **Entry Deadline:** May 12th or When Full **Website:** COYBSA.com

Tournament Director: Check Website for Tournament Contacts

Email:

MANAGER’S CHECK-IN: All teams must check-in at Charter Oak Park at least ONE (1) hour or earlier prior to their first tournament game with all fees paid and all necessary documentation turned in.

GAMES: Play will begin on Friday. The championship games will be played on Sunday, the time determined by the number of teams in the tournament.

FIELD LOCATIONS: Charter Oak Park – 20261 E. Covina Blvd., Covina, CA 91724

GENERAL INFORMATION:

- All teams must show proof of age at check-in for all roster players. Dec. 31st age cutoff date will apply for all divisions. Photo ASA cards will be accepted for Age, Photo, and Ins. verification.
- ASA rules except as noted in tournament rules, pool play/single elimination.
- The Tournament Director will have the right to shorten, move, or reschedule games as needed. In case of rain or field conditions, the tournament director also reserves the right to change the format of the tournament in case of extenuating circumstances.
- Entry Form and payments are due prior to entry confirmation
- **Submit Entry Form & Payment ASAP to insure a spot in the tournament, SPACE IS LIMITED.**
- Make checks payable to **COYBSA** and mail with this entry form & roster to:

Diane Haygood
5067 N. Nearglen Ave
Covina, CA 91724
One team per entry form.

..... **Entry Form – Tear and mail with Payment**

Division: ___ 6U ___ 8U ___ 10U ___ 12U ___ 14U ___ HS (16/18U)

Team Name: _____ City: _____

Manager’s Name: _____ Cell #: _____ Home #: _____

Street Address: _____ City, State, Zip: _____

Email Address: _____ Ins. Info.: _____

Check Amount: _____ Check Number: _____

MANAGER’S SIGNATURE: _____ DATE.: _____

LEAGUE REPRESENTATIVE: _____ TITLE: _____

SIGNATURE: _____ DATE.: _____

COYBSA Uses Only:

___ Paid ___ Entry Form ___ Roster ___ Team DOB Verified ___ Insurance ___ Manager Check-In



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**Please turn in this roster form at Check-In, no later than 1 hour prior to your first scheduled game.
Check-In is located in near Field 2 at Charter Oak Park. 15 player max per team roster.**

Team Name _____ Division _____ City _____

Manager's Name _____ Contact Number _____

	Player's Name (Last, First)	Jersey #	** Birth Date Month/Day/Year	Parent Signature	DOB Ck League Use Only
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

- Parents or guardians signature shall be on the same line as the player's name, as it appears on this roster.
- By signing this roster, parent or legal guardian acknowledges that the date of birth is correct and valid. The parent or legal guardian also releases COYBSA and the City of Covina of all liabilities and or injuries which may occur for the duration of the tournament.
- **TEAM MANAGER'S AFFIDAVIT** - I, the manager of the above team, de herby state that all the information supplied on this roster form is correct to the best of my knowledge and that all the parents or guardians having signed the above roster in their own handwriting. I further agree that each player is eligible to compete on my team in the BATTLE OF THE BATS SOFTBALL TOURNAMENT according to ASA Rules. I have read and agree to abide by all the Tournament Rules.

IMPORTANT: Each team manager shall be responsible to keep legal copies of birth certificates or ASA cards, etc., at all times during the tournament in the event of a protest

Manager's Signature: _____ Date: _____



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**SHIRT PRE-ORDER FORM MUST BE
 EMAILED & PAID IN FULL BY MAY 25, 2018
 \$120 - 12 SHIRTS INCLUDED EACH ADDITIONAL \$10
 Day of Event \$15 a shirt**

Team Name _____ Division _____ City _____

Manager's Name _____ Contact Number _____

QUANTITY	SIZEZ	League Use Only
	YS	
	YM	
	YL	
	YXL	
	AS	
	AM	
	AL	
	AXL	
	A2XL	
	A3XL	
Total Shirts	Total Paid	Order Checked By:

Manager's Signature: _____ Date: _____