



Baseball Tournament Application Form

Team Name _____

Division (circle age) 8 9 10 11 12 13 14 Tournament Date _____

Manager's Name _____

Address _____

City _____

State _____

Zip _____

Phone (home) _____

Phone (work) _____

Phone (cell) _____

Email _____

Send this application and a check for \$500 made payable to Elings Park Foundation to:

Baseball Tournaments
Elings Park Foundation
1298 Las Positas Rd
Santa Barbara, CA 93105

The undersigned agrees that the payment is non-refundable unless a written request for a refund is received by Elings Park at least 14 days prior to the tournament date. A spot in the tournament is not guaranteed until Elings Park receives payment and confirms that a spot is available via email or by mail. The tournament will be played under USSSA rules. Unless a refund is requested in writing at least 14 days prior to the tournament, all payments are non-refundable for any reason, including if the tournament or any game is cancelled or postponed for any reason. You will be required to present copies of birth certificates to a tournament official at the tournament. **Proof of insurance is required.**

Manager's signature _____

For more information, please contact Kevin Battle at (805) 569-5611 x15 or Danny Vickers at (805) 729-3474.