



Baseball Tournament Application Form

Team Name _____

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

Manager's Name _____ Phone (cell) _____

Phone (work) _____ Phone (home) _____

Email _____

Address _____

City _____ State _____ Zip _____

COST: 2-day tourney (ages 9-12) \$450 & (ages 13-14) \$495
 3-day tourney (ages 9-12) \$475 & (ages 13-14) \$525

> Send this application and a check payable to *Elings Park Foundation* to:

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

Questions? Call Predrag at (805) 569-5611 x13

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 _____ Date _____