



27th ANNUAL MID-ISLAND TOURNAMENT 2010 APPLICATION FORM

League Name: _____ LL Charter # _____

Manager: _____ Home Phone: _____

Address: _____ Zip _____

Work Phone: _____ Cell Phone: _____

E-Mail Address: _____

League Rep: _____ Home Phone: _____

Address: _____ Zip _____

Work Phone: _____ Cell Phone: _____

E-Mail Address: _____

Boys: Age of Team 8 9 10 11 12 13/14/15

Girls: Age of Team 8/9/10 11/12 13/14/15

Age will be the official LL cut-off age for the 2010 season. No Grandfather clause.

For 10's, 11's, and 12's: Team is Williamsport _____ Non-Williamsport _____

Note: We need a minimum of 8 teams to create a division. If less than 8 teams, divisions will be merged, i.e. Non-Williamsport will play with Williamsport.

My team would like to play a total of _____ games; _____ games a week. We can play on:
Mon Tues Wed Thurs Fri Sat Sun

My team cannot play on the following days because we are entered in another tournament or have conflict:

I would like my season to end on: _____

Your Little League Insurance covers you during summer play at no additional cost. A copy of your league's insurance policy **must be submitted** in order to prove insurance coverage.

The entrance fee is **\$325.00 per team**, with a maximum of 15 players. This will cover the cost of registration and the scheduling of games. Trophies can be ordered at a cost of \$7.00 per player.

Do you have fields? Yes No How many fields? _____

Field Availability: Mon Tues Wed Thurs Fri Sat Sun

Field # 1 – Name _____ Date & Times Available _____

Field # 2 – Name _____ Date & Times Available _____

Field # 3 – Name _____ Date & Times Available _____

Note: If you do not have fields, you will have to share the cost of umpires for each game.

Official HBA Use Only

PINS ___Y ___N

INSURANCE ___Y ___N CHECK# _____

AMOUNT _____