

CHANCE CRAWFORD BENEFIT SOFTBALL TOURNAMENT

"Helping those in need since 1981"

April 21-23, 2017

www.chancecrawford.org

ENTRY FORM

Please print all information - All fields required

Team Name: _____

Manager: _____

Address: _____
Street City State Zip

Phone: _____
(Area) Home (Area) Work

Email: _____

Classification - Please check one

Mens B Open Mens C Mens D Mens E Mens Rec.
 Womens

IMPORTANT INFORMATION - PLEASE READ: The Tournament Director along with the Chance Crawford Tournament Committee will determine each teams classification of play. Teams will not be notified of class. All decisions are final, no appeals will be accepted.

OFFICIAL TEAM ROSTER FORM

	Players Name - Please print	Date of Birth	Team played for last year	Classification
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

TEAM MANAGERS AFFIDAVIT - I, as team representative, certify the above roster does not include any assumed names and all players listed are eligible according to the tournament rules. I have read and agree to comply with all tournament rules and those stated on this form. I also understand that entry fees received along with this form are non-refundable without written appeal subject to approval by the Chance Crawford Tournament Committee. Our intent is to run a quality tournament and provide the best possible experience possible. We can not be responsible for inclement weather or other forces of nature beyond our control that might compromise the completion of the tournament.

Managers Signature: _____ Date _____

Add/Drop List

	Players Name - Please print	Check One	
		Add	Drop
1			
2			