



USSSA TOURNAMENT COMMITMENT FORM

TOURNAMENT NAME: _____
LOCATION: _____ **START DATE:** _____ **END DATE:** _____
TEAM NAME: _____ **USSSA # (9 digits):** _____
MANAGER: _____ **MOBILE PHONE:** _____
ADDRESS: _____
CITY: _____ **STATE:** _____ **ZIP:** _____
EMAIL ADDRESS (Required): _____

AGE DIVISION

<input type="checkbox"/> 4U	<input type="checkbox"/> 5U	<input type="checkbox"/> 6U	<input type="checkbox"/> 7U	<input type="checkbox"/> 8U	<input type="checkbox"/> 9U	<input type="checkbox"/> 10U
<input type="checkbox"/> 11U	<input type="checkbox"/> 12U	<input type="checkbox"/> 13U	<input type="checkbox"/> 14U	<input type="checkbox"/> 15U	<input type="checkbox"/> 16U	<input type="checkbox"/> 18U

CLASSIFICATION

T-Ball
 Coach Pitch
 Kid Pitch
 Mach. Pitch
 All-Star
 A
 AA
 AAA
 Major

USSSA TOURNAMENT COMMITMENT CODE OF UNDERSTANDING

I, the undersigned representative of the above named USSSA Registered Team, confirm and certify that this signed form represents a bona fide commitment to participate in the above named USSSA Tournament and; I have until 6:00 PM on Monday of the tournament week to withdraw the above named USSSA Registered Team from the above named USSSA Tournament without penalty and; any withdrawal or no show by the above named USSSA Registered Team from the above named USSSA Tournament after 6:00 PM on Monday of the tournament week shall result in the following penalties; **First Offense:** The team shall be suspended from participation in any state within the USSSA program for a period of thirty (30) days. **Second Offense:** The team shall be suspended from participation in any state within the USSSA program for a period of sixty (60) days. **Third Offense:** The team shall be suspended from participation in any state within the USSSA program for a period of ninety (90) days in addition to all penalties allowed by the USSSA Constitution and USSSA Official Baseball National By-laws & Rules.

Furthermore, I, the undersigned representative of the above named USSSA Registered Team, understand that this signed form does not guarantee the above named USSSA Registered Team participation in the above named USSSA Tournament. Participation in the above named USSSA Tournament is guaranteed upon the Tournament Director receiving full payment of the USSSA Tournament entry fee.

I have read and agree to abide by the foregoing USSSA Tournament Commitment Code of Understanding.

Team Representative Name (Print Clearly)

Team Representative Signature

Date

Each team should list up to four (4) individuals to receive free entry passes to the tournament that they have registered for. The individual passes will be available for pickup at the gate. You will be required to show ID in order to sign for a pass. NO EXCEPTIONS

- 1 _____
- 2 _____
- 3 _____
- 4 _____

Make Checks Payable to: **Scott Carter**
Mail Entry Form(s), Coaches Pass List(s) and Fee(s) to:

Scott Carter
133 Churchill Dr
Juliette GA 31046