



Springfield-Greene County  
Park Board & SASA  
1923 N. Weller  
Springfield, Missouri 65803  
(417) 864-1049  
www.parkboard.org



# Annual Coca-Cola

## 32<sup>nd</sup> Annual HEART OF THE OZARKS

### GIRLS' FAST PITCH SOFTBALL NATIONAL QUALIFIER

- Date:** June 6-7, 2009  
**Location:** Meador Softball Complex \* Springfield, Missouri  
**Division:** Girl's Fast Pitch  
**Classification:** 16U "A" Mid America Region Hall of Fame and USA/ASA National Qualifier  
**Berths Available:** Mid-America Region Teams only receive offered berths. Both tournaments have 2 berths to the USA/ASA National Championship and 2 berths to the Hall of Fame.  
**Registration Deadline:** May 29, 2009 or until maximum number of teams are accepted.  
**Registration Fee:** \$260.00 registration + \$100.00 Gate Fee = \$360.00 per team  
**Make checks payable to:** "Springfield A.S.A." Have your driver's license number & place of employment on check.  
**Mail entry back to:** Springfield-Greene County Park Board,  
C/O Mark Nelson, 1923 N. Weller, Springfield, Mo. 65803  
**Tournament Format:** Official ASA Three Game Format

These are A.S.A. sanctioned tournaments and teams must be A.S.A. registered. All team's that enter this tournament must obtain the following form from their local commissioner: "ASA Official Waiver & Release of Liability & Indemnification" form. This form must be completely filled out.

**TOURNAMENT HOTEL:** Clarion Hotel 333 S. Glenstone Springfield, MO 65804 (417) 883-6550 \$71.00

To get the special rate you must mention you are with the Springfield-Greene County Park Board/SASA National Qualifier.

**Team Trophies** will be awarded to the top three teams. 1<sup>st</sup> and 2<sup>nd</sup> place individual medals will also be awarded.

-----COMPLETE AND DETACH THE FORM BELOW. KEEP THE UPPER PORTION FOR YOUR RECORDS-----

## ANNUAL COCA-COLA GIRLS' HEART OF THE OZARKS REGISTRATION FORM

### GIRL'S FAST PITCH SOFTBALL "A" QUALIFIERS'

\_\_\_ 16U "A" Hall of Fame and Regional National Qualifier

TEAM NAME: \_\_\_\_\_

MANAGER: \_\_\_\_\_ ADDRESS \_\_\_\_\_

CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

DAY PHONE NUMBER: \_\_\_\_\_ EVENING PHONE NUMBER: \_\_\_\_\_ FAX \_\_\_\_\_

E-MAIL: \_\_\_\_\_ CELL PHONE NUMBER: \_\_\_\_\_

**In order to estimate numbers, please fill out what your team might purchase:** T-Shirts: # \_\_\_\_\_ Sizes: \_\_\_\_\_  
(T-shirts are limited and are on a first-come first-serve basis)

(For office use only)

Amount Paid: \_\_\_\_\_ Reference / Check Number: \_\_\_\_\_ Receipt Number: \_\_\_\_\_