Annual Coca-Cola

32nd 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. 1st and 2nd place individual medals will also be awarded.

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:_______