

# 2015 Fall Classic A.S.A. Slow Pitch Softball Tournaments



Registration for Fall Men's/Co-Recreation Adult A.S.A. Slow Pitch Softball has begun at the Galesburg Parks and Recreation Department.

## League Pool Play with Three Game Guarantee Tournaments

### Fall Softball

- Tournament Site:** Lake Storey Softball Field Complex
- Nights Offered:** Tuesday Men's Tournament  
Wednesday Co-Recreation Tournament
- Entry Fee:** \$250.00 per team/**open to the first eight teams in either League**
- Player's Fee:** \$100.00 per team roster (up to 20 players)
- Deadline:** Friday, August 21, 2015, by 5:00 p.m.

**Registration Deadline: Friday, August 21, 2015.**

**Season begins: Tuesday, September 8, 2015.**

Registration will take place at the Galesburg Parks and Recreation Department, located at Lakeside Recreation Facility, 1033 S. Lake Storey Road, or mail to Galesburg Parks and Recreation Department, P.O. Box 1387, Galesburg, IL 61402-1387. Office hours are Monday – Friday, 8:30 a.m. – 5:00 p.m.

Please make checks payable to City of Galesburg.

**TEAM APPLICATIONS MUST ACCOMPANY ENTRY FEE.**

**City of Galesburg  
Parks and Recreation Department  
Fall Softball  
Team Application  
2015**



Name/Night of League: \_\_\_\_\_

Team Name: \_\_\_\_\_

Was this team in the League last year? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, team name last year: \_\_\_\_\_ League: \_\_\_\_\_

Name of sponsor (if applicable): \_\_\_\_\_

Name of Team Manager: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone (home) \_\_\_\_\_ (work) \_\_\_\_\_

(Cell) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

*(Print clearly)*

**Please note that the schedules and all league information will be sent via e-mail.**

**ALTERNATE E-MAIL ADDRESS** \_\_\_\_\_

*(Print clearly)*

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Entry fee paid: \_\_\_\_\_ Date: \_\_\_\_\_ Receipt # \_\_\_\_\_

Roster: \_\_\_\_\_ Date: \_\_\_\_\_ Receipt # \_\_\_\_\_

Received Scorebook and Rulebook: \_\_\_\_\_

Date/initial

**City of Galesburg  
Parks and Recreation Department  
2015 Fall Softball Roster Form**

Name of Player	Street Address/City/Zip Code	Signature of Player	Phone Number
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			

Manager's Name: \_\_\_\_\_

Manager's Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Sponsor (Team Name): \_\_\_\_\_

In consideration of the acceptance of my entry in the 2015 City of Galesburg Programs, I do hereby for myself, my heirs, executors and administrators waive, release and forever discharge any and all rights and claims for damages which I may hereafter accrue to me against the City of Galesburg or its or their respective officers, agents, representatives, successors and/or assigns for any and all damages which may be sustained and suffered by me in connection with my association with or entry and/or arising out of my traveling to, participation in and returning from said City of Galesburg League/Tournament.