

# INSURANCE INSTITUTE OF NS - PAUL DAVIS 4th ANNUAL CHARITY SOFTBALL TOURNAMENT



SPRINGFIELD LAKE RECREATION CENTRE  
266 LAKEVIEW AVENUE  
MIDDLE SACKVILLE, NS

FRIDAY, SEPTEMBER 18, 2015  
REGISTRATION: 7:30 am  
1<sup>st</sup> GAME: 8:00 am

Players: \$40.00 (HST extra) – at least 3 games, morning/afternoon snacks

Spectators: \$25.00 (HST extra) – includes morning/afternoon snacks

**The 2015 tournament includes Gold and Bronze medal games!**

## \*\*MAXIMUM OF TEN TEAMS\*\*

- Enter a team, or register individually and we'll put you on a team.
- Teams have a minimum of 15 players and must have *at least five females*.
- Teams with less than 15 players may have other players added to their lineup.
- Bring a glove, lawn chair, your own bat, and cash for the 50/50 draw and canteen

Proceeds from the tournament are donated to **Camp Triumph**; an adventure based camp meeting the needs of Maritime children with a sibling or parent suffering from chronic illness or disability.



Tournament sponsored by:

# PAUL DAVIS

RECOVER • RECONSTRUCT • RESTORE

Shuttle service available by contacting Tamara Higgins at [tamara.higgins@avisbudget.com](mailto:tamara.higgins@avisbudget.com) to arrange pick up.

**avis budget group**



## \*\* New In 2015 \*\*

Volunteers from NSIWA are running a canteen selling hot dogs, pop and water in support of the NSIWA Cancer Crusade. Supplies have been donated by RMS.



Insurance Institute

Insurance Institute of Nova Scotia

250 Baker Drive, Suite 220

Dartmouth, NS B2W 6L4

Call: 902 433-0070

Fax: 902 433-0072

Email: [iinsmail@insuranceinstitute.ca](mailto:iinsmail@insuranceinstitute.ca)

[www.insuranceinstitute.ca/NovaScotia](http://www.insuranceinstitute.ca/NovaScotia)

Learning for the real world. Rewarding.

**CHARITY SOFTBALL TOURNAMENT REGISTRATION FORM  
SEPTEMBER 18, 2015**

Name/Team Captain: \_\_\_\_\_ Membership #: \_\_\_\_\_

Company: \_\_\_\_\_ Telephone: \_\_\_\_\_

E-mail Address (for confirmation of registration): \_\_\_\_\_

**Fees (HST extra): \$40.00 - Players \$25.00 - Spectators**

Place me on a team.

I am registering as a Spectator

**OR**

Our Team Name is: \_\_\_\_\_

**Players:**


**No cancellations. Substitutions welcome.  
Return this form and payment no later than September 4, 2015**

Amount Paid: \$ \_\_\_\_\_  Cheque  VISA  MasterCard  AMEX

Credit Card #: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Signature: \_\_\_\_\_



**Insurance Institute**

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250 Baker Drive, Suite 220  
Dartmouth, NS B2W 6L4  
Call: 902 433-0070  
Fax: 902 433-0072  
Email: [iinmail@insuranceinstitute.ca](mailto:iinmail@insuranceinstitute.ca)  
[www.insuranceinstitute.ca/NovaScotia](http://www.insuranceinstitute.ca/NovaScotia)

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