



# 2010 Manhattan Baseball Association Tournament Registration Form

**Tournament Information:** All dates will host ages U8 thru U14, 3 game minimum, USSSA Qualifiers.  
**Tournament Website:** [www.manhattan-baseball.com](http://www.manhattan-baseball.com)  
**Contact Information:** email: [chuck@manhattan-baseball.com](mailto:chuck@manhattan-baseball.com)  
**Lodging Information:** Clarion Hotel – Reservation Desk – (785) 539-5311. Ask for MBA Block of Rooms. Except for YLF TOC, where the Room Block is at the Super 8 – (785) 537-8468.  
**Field Information:** 3506 West Anderson – Twin Oaks Sports Complex – [www.ci.manhattan.ks.us](http://www.ci.manhattan.ks.us)  
**Checks Payable To:** Manhattan Baseball Association  
**Refund Policy:** no games played – 100%, 1 game played – 50%, 2 games played – 0%  
**Admission Policy:** Beginning this year a team gate fee of \$75 is being added to the tournament entry fee instead of charging a gate fee when you enter the ballparks.  
**Mail Information To:** Manhattan Baseball Association, 3212 Highland Circle, Manhattan, KS, 66503  
**Discount:** If registration and fee is received prior to April 1<sup>st</sup>, a \$30 discount will apply.

**TOURNAMENT DATES** (Entry deadline is 14 days prior to each start date or until division is full)

- \$300 (\$225 entry + \$75 gate fee)      **Sat-Sun, April 24-25**      **Don Sherley Classic**
- \$300 (\$225 entry + \$75 gate fee)      **Sat-Sun, May 15-16**      **MBA Classic**
- \$300 (\$225 entry + \$75 gate fee)      **Sat-Sun, June 5-6**      **Youth Leadership Foundation  
Tournament of Champions**

**HEAD COACH:** \_\_\_\_\_ **PHONE: (H)** (    ) \_\_\_\_\_  
**TEAM CONTACT:** \_\_\_\_\_ **PHONE: (W)** (    ) \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_ **PHONE:(cell)**(    ) \_\_\_\_\_  
 \_\_\_\_\_ **PHONE:(fax)** (    ) \_\_\_\_\_  
**CITY/STATE/ZIP:** \_\_\_\_\_ **E-mail** \_\_\_\_\_  
 \*Required, all communication by email

**USSSA LEVEL:**    A    AA    AAA    Major      **USSSA NUMBER:** \_\_\_\_\_  
 (if not sanctioned, please enclose \$30 payable to USSSA)  
**AGE DIVISION: (circle one)**    U8    U9    U10    U11    U12    U13    U14

**TEAM NAME:** \_\_\_\_\_ **2009 Record:** \_\_\_\_\_

**GAME REQUESTS:** \_\_\_\_\_