

# Clarence Travel Baseball

www.clarencebaseball.org

## 2010 Tournament Registration Form

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

Age Division: Circle One.    9    10    11    12    13    14    15    16

**9U July 22-25      10U July 8-11      11U July 15-18      12U Memorial Day May 28-30**

**12U July 22-25      13U July 8-11      14U Aug 5-8      15U Aug 5-8      16U July 15-18**

Organization: \_\_\_\_\_

Coaches Name: \_\_\_\_\_ Ph# \_\_\_\_\_

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

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

### 2010 Entrance Fee's are as follows:

**\$250.00 if you are participating in the 2010 Clarence Travel League Regular Season**  
**\$300.00 if you are NOT Participating in the 2010 Clarence Travel League Regular Season**

Checks should be made payable to Clarence Travel Baseball.

Mail to:  
Clarence Travel Baseball  
184 Ferndale Road  
Williamsville NY 14221

**Entrance Fee is due in full 30 days prior to your tournament date.**

Any questions regarding registration can directed to:    Ron White: Phone # 481-7407  
Royce Calhoun: Phone # 634-7512

I/We, the parents/guardians/Manager/Coach of the above-named team, hereby give my/our approval to participate in any and all Clarence Travel Baseball League activities, including transportation to and from the activities.  
I/We know that participation in baseball may result in serious injuries and protective equipment does not prevent all injuries to players, and do hereby waive, release, absolve, indemnify, and agree to hold harmless the Organizer, The Clarence Travel Baseball League and the Town of Clarence Baseball Association, All Volunteers, the organizers, sponsors, supervisors, participants, and persons transporting my/our child to and from activities from any claim arising out of any injury to my/our child whether the result of negligence or for any other cause.

Office Use Only

Check #: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Date: \_\_\_\_\_

Check received from: \_\_\_\_\_