

# Carrie King-Troy Lyles Memorial Tournament

## 2009 Tournament Registration Form

Tournament Date: April 24<sup>th</sup> thru 26<sup>th</sup>

### Tournament Director

#### Use Only

Bracket \_\_\_\_\_  
Check # \_\_\_\_\_  
Pmt Rec'd \_\_\_\_\_  
Accepted Y/N \_\_\_\_\_

Today's Date \_\_\_\_/\_\_\_\_/2009

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

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

USSSA Tournament ID # \_\_\_\_\_

Team/Coach e-mail \_\_\_\_\_@\_\_\_\_\_

Head Coach Name (Print) \_\_\_\_\_

Head Coach Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ CELL # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Other Contact (print) \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### Circle One

10 AA    10 AAA

11 AA    11 AAA

12 AA    12 AAA

13 AA    13 AAA

14 AA    14 AAA

**Make Check Payable to: Lakewood Junior Baseball Association or LJBA**

**Please Complete: \_\_\_\_\_ I've enclosed a check for 475.00.**

**CHECK# \_\_\_\_\_ Check Date \_\_\_\_/\_\_\_\_/2009**

Current Record Won \_\_\_\_\_ Lost \_\_\_\_\_ Last Season's Record Won \_\_\_\_\_ Lost \_\_\_\_\_

### Last Season's Championships and Tournament Finishes

What League? \_\_\_\_\_ Placed \_\_\_\_\_

Is this predominantly a Traveling/Tournament Team Yes \_\_\_\_\_ No \_\_\_\_\_

Tournament \_\_\_\_\_ Placed \_\_\_\_\_

Tournament \_\_\_\_\_ Placed \_\_\_\_\_

Colorado State Tournament \_\_\_\_\_ Placed \_\_\_\_\_

Send completed registration form with payment to:

**Lakewood Jr. Baseball Association**  
**% Curtis Hicks (Tournament Director)**  
**8900 W. 10<sup>th</sup> Ave.**  
**Lakewood, Colorado 80215**

Entry deadline is March 31<sup>st</sup>, 2009. Due to the tournament popularity acceptance is based upon the date the registration and payment is received and validation that teams are in the appropriate competitive classification. Entry forms without the payment will not be considered entered. Only weather related refunds after March 31<sup>st</sup>. There is a \$50 administration fee charged in the event of a complete cancellation, one game played - 50% refund, two or more played **no refund**. All teams must be USSSA registered teams. **No Refunds** after March 31<sup>st</sup> 2009.

Signed \_\_\_\_\_  
Coach or Team Representative