

2014 Mixed Baseball Tournament Team Registration

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| Team Name: | Team Captain: |
| Telephone: Cell: E-mail: Fax: | Address: |
| Division Request: <i>Please circle the applicable Division that best fits the team's level of play.</i> A B C D Division levels range from A Division as the highest competitive level down to D Division suited for least competitive teams. Game Preference Start Time Request: 8:00am 9:00am 10:00am | Tournament Date: June 14, 2014 - Scheduled Date June 21, 2014 – Rain Date West Park 1210 Ravenshoe Sideroad, Keswick, Ont. 8:00am to 7:00pm Registration Deadline: June 2, 2014 Date of Receipt of Payment: Charitable Tax Receipt Request: Yes No |
| Early Bird Registration: \$275.00 Eligible to teams who register and submit payment before May 18, 2014. <i>**Early Bird eligibility requires a minimum of a \$100.00 deposit or full early bird registration fee paid, as well as a completed and signed registration form submitted.</i> | |
| On or after May 18, 2014, Registration Team Fee: \$300.00 | |
| Team Captain (Please Print) | Team Captain (Signature) |
| Date: | |

Forward Team Registration and Team Fee to the Tournament Coordinator

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| Give A Miracle A Chance 85 Elizabeth Street Sutton, Ontario L0E 1R0 | Contact: Ken Morrell Baseball Coordinator | Telephone: 1-877-603-9991, Ext. 1 Fax: 1-877-603-9991 Ken Morrell, Baseball Coordinator: Lynn Marles, Executive Director lynn@giveamiracleachance.com |
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Payment Options: Register online and pay by Visa, MasterCard or American Express
www.giveamiracleachance.com or by cash or cheque.

Registration Forms are not final confirmation of a committed space in the tournament's team roster list until receipt of team fee is submitted. Upon registration teams are committed to both the scheduled date and the rain date. Team captains will be notified by 6:00 am on the scheduled date, June 14/14, to advise of cancellation and notification of the tournament schedule change to the June 21/14 rain date. Team Captains will be notified by the Tournament Coordinator of confirmation of placement in the tournament roster and receipt of payment. Please ensure to provide all contact information.

THANK YOU FOR YOUR SUPPORT – Tax Receipts Upon Request

Registered Charity # 82458 3017 RR0001

** By signing this form in consideration of Give A Miracle A Chance granting permission to participate in the above named event and all other activity associated or related to said event, I hereby, release Give A Miracle A Chance, its executive, volunteers and its affiliated corporations and their respective Executive, employees, agents and all other participants and sponsors, and the Town of Georgina from all manner of actions, causes of actions, suits, losses, damages, or injuries caused by negligence or otherwise, (whether brought by myself/us or any other person) arising out of our use of the facility and we also indemnify Give A Miracle A Chance, its executive, volunteers and its affiliated corporations and their respective Executive, employees, agents and all other participants and sponsors, and the Town of Georgina for any losses or damages sustained by myself/us or any other person as a result of such actions or proceedings being commenced against them by myself/us or any other such person; and any liability for loss, injury or death arising directly or indirectly from any act or failure to act (including, without limitation, acts or omissions which constitute negligence) and arising out of my participation in the above named event or any activity associated with the charity.