



1 Harry S Truman Parkway
Annapolis, MD 21401
410-222-7865 Fax: 410-222-4120
www.aacounty.org/recparks

SUMMER CLASSIC

June 24–26, 2011

10, 12, 13 & 14U

ALL Divisions



LOCATIONS:

10U Randazzo Park

12, 13 (54-80) & 14 (60-90)U Riva, Generals Highway and Bell Branch Parks

Team Registration Information and Instructions:

Contact: Pete Medhurst – Tournament Director

Phone: (410) 222-7865

E-mail: rppedh88@aacounty.org

Cost: \$300 Team Entry Fee Anne Arundel County Teams

\$400 Team Entry Fee Out of County Teams

Registration form attached.



Register by mail: Complete registration form and mail form along with payment to A.A. County Recreation & Parks, 1 Harry S Truman Parkway, Annapolis, 21401

Register On-line: Go to www.aacounty.org/recparks Select **Register OnLine/Program Registration**. Will need to pay with a credit card in order to complete registration.

Play Information:

- 3 game minimum guarantee;
- All teams will advance from bracket play to seeded single elimination play;
- NHFS Rules will apply with local time limit and runs per inning limits;
- Balls and Umpires will be provided;
- Minimum six teams per age group needed.

Registration Deadline: Friday, June 10, 2011

All forms must be received by 4:30pm

ANNE ARUNDEL COUNTY
DEPARTMENT OF RECREATION AND PARKS
Organized Recreation & Athletics Division

TEAM REGISTRATION

SPORT/EVENT: Summer Classic

Program Year: **2011**

Program Numbers & Fees: Please indicate one

- 9510—10U *In County \$300* 9511—12U *In County \$300* 9512—13U *In County \$300* 9513—14U *In County \$300*
 9514—10U *Out of County \$400* 9515—12U *Out of County \$400* 9516—13U *Out of County \$400* 9517—14U *Out of County \$400*

ATHLETIC/SPONSOR ORGANIZATION

Organization Name: _____ *Contact:* _____

Daytime Phone: _____ *Cell Phone:* _____ *Other:* _____

E-mail: _____

TEAM INFORMATION

Team Name: _____

Head Coach: _____ *Contact Phone:* _____

Street Address : _____ *City:* _____ *St:* ____ *Zip:* _____

Daytime Phone: _____ *E-mail Address:* _____

Alternate Contact Name: _____ *Phone:* _____

TEAM NOTES:

OFFICE USE ONLY

Payment Information:

FEE PAID: _____

Receipt: _____

CK # /CC Conf #: _____

Date: _____