

**Louisville Slugger**

**2007 NSA GFP EASTERN "B" World Series - NW, Indiana**

**Official Entry Form**

**Entry Deadline: July 6th, 2007**

Please Print or Type:

Name of Team: \_\_\_\_\_ Age Group: \_\_\_\_\_

8u / 10u / 12u / 14u / 16u

NSA Classification: **B** 2007 NSA Sanction/Registration Number: \_\_\_\_\_

Name of Insurance Company: \_\_\_\_\_ Policy No. \_\_\_\_\_

City Team is From-City: \_\_\_\_\_ State: \_\_\_\_\_

Manager's Name: \_\_\_\_\_

Managers Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: (\_\_\_\_\_) \_\_\_\_\_ Evening Phone: (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Additional Contact Person Name: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Other Phone: (\_\_\_\_\_) \_\_\_\_\_

Hotel where you are staying: \_\_\_\_\_ City: \_\_\_\_\_

Local Phone for Hotel (NOT the 800#): \_\_\_\_\_ # Rooms Booked: \_\_\_\_\_

**ENTRY DEADLINE: JULY 6<sup>th</sup>, 2007 All information MUST be to your State Director no later than JULY 6, 2007**

**MANAGER- SUBMIT THE FOLLOWING TO YOUR STATE DIRECTOR. DEADLINE: July 6, 2007**

1. This Form Completed AND the TEAM CONTACT SHEET
2. Your 2007 Official NSA ONLINE Youth Roster - completely filled in, with all signatures.
3. Copy of your "Team Insurance Certificate"
4. Entry & Admission Fee of \$600 for 10u-12u-14u-16u in the form of **Cashier's Check or Money Order** payable to **NSA**  
Note: Entry & Admission fee for 8u Player Pitch is \$450.00

I understand as Manager of this team that it is MY responsibility to insure that all of the above information meets all deadlines and requirements. I understand that if my entry is late, incomplete, or missing information, it may be returned. I understand that it is the responsibility of the Coach/Manager and/or Sponsor for knowing the NSA rules and bylaws. *Ignorance of an NSA rule or bylaw does not negate the penalty. Entry in to any NSA tournament constitutes acknowledgement and agreement to all rules and bylaws of NSA, including the refund policy.*  
**I understand that NO players will be added to MY teams Roster at the tournament site.**

**Manager's Signature:** \_\_\_\_\_ Date: \_\_\_\_\_

**STATE DIRECTOR'S: DEADLINE -TOURNAMENT DIRECTOR MUST RECEIVE THIS INFORMATION IN OFFICE BY 7-11-07.**

This team has qualified for the above tournament, and has participated in my State Tournament or won an NIT. I have verified this teams information, and I am including this tournament entry form, **NSA Form #17**, the teams **COMPLETED NSA ONLINE roster** with all necessary signatures, **copy of insurance certificate** and **Correct Break down of fees for the above team.**

I WILL ENTER THIS TEAM INTO THE CORRECT CLASS & AGE DIVISION THROUGH THE ONLINE SYSTEM of PLAYNSA.com.

**I understand that NO players will be added to ANY roster at the tournament site, for ANY reason.**

**State Director** \_\_\_\_\_ Date \_\_\_\_\_

**Day Phone** (\_\_\_\_\_) \_\_\_\_\_ **Night Phone** (\_\_\_\_\_) \_\_\_\_\_

Upon Verification by 7-11-07, **State Director will forward:** This form, NSA Form #17, the Team's Roster and Insurance with appropriate Entry fees to:  
 NSA - PO 187 - Fenton, MI 48430 Fax: 810-629-2852 Office: 820-629-9551  
 CONTACT THE TOURNAMENT DIRECTOR FOR Next Day Address if needed: