



Adirondack Sports Complex

326 Sherman Avenue
Queensbury, NY 12804

T: 518.743.1086

F: 518.743.1247

2022-23 Winter Softball Tournaments

<u>2022</u>				<u>2023</u>	
Nov. 18-20	16&U / 18&U	Jan. 6-8	16&U	Feb. 10-12	14&U
Dec. 2-4	12&U and/or 14&U	Jan. 13-15	12&U	Feb. 17-19	12&U
Dec. 9-11	16&U / 18&U	Jan. 20-22	14&U	Feb. 24-26	16&U / 18&U
Dec. 16-18	12&U and/or 14&U	Jan. 27-29	16&U	March 3-5	14&U
Dec. 30 - Jan. 1	18&U	Feb. 3-5	18&U	March 10-12	12&U
				March 17-19	10&U

Registration Fee: \$785 per team per tournament.

Umpire fee: \$42 per team per game, paid at each pre-game conference.

The first 16 teams to register will be accepted! As a result, we will accept registrations with FULL PAYMENT on a FIRST COME, FIRST SERVE basis! Tournament format will include three (3) Pool Play games (new game every 1hr and 20 min), with all teams advancing to the seeded Single Elimination Rounds. Teams will have use of the Technical Training area or batting cages, if available, for warm up.

Wait Lists: for tournaments that have reached their enrollment limit, you may email, fax, or mail a 'paper' Tournament Registration Form (with full payment). Your credit card will not be processed, or your check cashed, unless an opening becomes available, and we have contacted you to confirm that your team is able to fill the open spot.

Reservation/Payment options:

- 1) On-line registration: Quickest way to register a team (requires credit card payment)
- 2) Credit Card: Fill out the paper registration form & fax to 518-743-1247
- 3) Check: Payable to "Adirondack Sports Complex," and returned with paper registration form to:

Adirondack Sports Complex
326 Sherman Ave.
Queensbury, NY 12804

Please contact Doug Miller with any questions at 518-743-1086, or email doug@adksc.com

Adirondack Sports Complex - Tournament REGISTRATION FORM

Team Name: _____ Team Age Group (circle): 10&U, 12&U, 14&U, 16&U, 18&U

Head Coach: _____ Tournament Age Group: _____&U, Tournament Date: _____
Will commit to Friday evening game(s): _____ Yes _____ No

Street Address/Apt # : _____

City: _____ State: _____ Zip: _____

Home #: _____ Work #: _____

Cell #: _____ Email: _____

Approximate driving time to the Adirondack Sports Complex: _____

Credit Card (circle): VISA MASTERCARD AMEX

Card #: _____ Security Code: _____ Exp. Date: _____

Print Name on Card: _____ Signature: _____