

Adirondack Sports Complex

326 Sherman Avenue Queensbury, NY 12804

T: 518.743.1086 **F:** 518.743.1247

2023-24 Winter Softball Tournaments

	<u> 2023</u>			2024		
Nov. 17-19 Dec. 1-3	16&U / 18&U 12&U and/or 14&U	Jan. 5-7 Jan. 12-14	14&U 18&U		Feb. 23-25 March 1-3 March 8-10 March 15-17	16&U / 18&U 14&U 12&U 10&U
Dec. 8-10 Dec. 15-17	16&U / 18&U 12&U and/or 14&U	Feb. 2-4 Feb. 9-11	16&U 14&U			
Dec. 29 - 31	16&U / 18&U	Feb. 17-18	12&U			

Registration Fee: \$900 per team per tournament.

Umpire fee: \$45 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: ______ 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: ______