

Register your team today for the

CAROLINA CARDINALS

“Early Bird” Invitational

Girls 18U and 16U Fast Pitch Softball Tournament
June 6-8, 2008 (Friday, Saturday & Sunday)

Where: Cherry Park Softball Complex, Rock Hill, S.C.

THIS TOURNAMENT IS LIMITED TO 30 TEAMS. PLEASE REGISTER EARLY!

- Format:** All teams guaranteed minimum of five games. All games are bracket play – no overall championship. This will give you a better opportunity to see just what your team can do early in the season before you begin playing elimination tournaments.
- Entry Fee:** **\$450.00 payable to Carolina Cardinals.**
- Eligibility:** A copy of your official roster and player birth certificates must be available to the tournament director upon request. All teams must be registered with ASA. **This tournament is governed by ASA rules and will NOT allow free substitution.**
- Insurance:** Each team must supply its own insurance and be prepared to show proof of insurance upon request.
- Directions:** From I-77, take Exit 82B at Rock Hill. Merge right onto Cherry Road and go about 1½ miles. Entrance to Cherry Park will be on your left.

Demographic Information: After you register your team for this tournament, you will receive via e-mail a Team Profile/Information Form. In order for your team information to be included in the College Coaches’ Book, we must receive the completed form no later than May 15, 2008. Team profiles submitted after the deadline may be too late to be included in the College Coaches’ Book.

Make check payable to: CAROLINA CARDINALS.

Entry Information: Mail entry fee and completed registration form to:

D. Ray Chandler
Carolina Cardinals
1218 Rierson Road
Tobaccoville, NC 27050
(336) 983-2569 (home); (336) 408-8649 (cell)
e-mail: carolinacardinals@windstream.net

Enclosed is \$450. Please register our team for the Carolina Cardinals “Early Bird” Invitational June 6-8, 2008.

Team Name: _____ **Circle one: 18U 16U**

Team Manager’s Name: _____ Team Manager’s E-Mail Address: _____

Team Manager’s Address: _____ City _____ State _____ Zip Code _____

Team Manager’s Phone No.: (work) _____; (home) _____; (fax) _____; (cell) _____

Coach’s Name: _____ Coach’s E-Mail Address: _____

Coach’s Address: _____ City _____ State _____ Zip Code _____

Coach’s Phone No.: (work) _____; (home) _____; (fax) _____; (cell) _____