



# Tennessee Dizzy Dean

Baseball/Softball Inc.



## Tournament Check-In Form

Organization: \_\_\_\_\_ Date: \_\_\_\_\_

Team Name: \_\_\_\_\_ District: \_\_\_\_\_ State: \_\_\_\_\_

Age:  6                       9                       12                       Jr.  
 7                       10                       13                       Sr.  
 8                       11                       14

Manager's Name: \_\_\_\_\_ Phone# (\_\_\_\_) \_\_\_\_\_ Cell# (\_\_\_\_) \_\_\_\_\_

1. Teams Participating In A Dizzy Dean Tournament Must Provide:

- 1. Proof of Birth
- 2. Proof of Insurance
- 3. A Medical Release Form
- 4. Team Photo: All names written on back of the photo. Identify each person as they appear on the front from left to right.
- 5. Team Roster (properly signed)
- 6. League Scorebooks
- 7. Concussion Forms for All Coaches
- 8. \$250.00 No Show Fee
- 9. League Schedule
- 10. A copy of Background Check for all Coaches

2. I understand that I must keep these credentials in my possession at all times. Failure to do so will result in a forfeit if protested.

3. A team that fails to fulfill its obligation to the tournament (i.e. opening ceremonies, pool play, consolation bracket, etc.) will be forfeited out of the tournament and appearance fee will not be refunded.

### PAYMENT

District \$75.00

State \$150.00

Check \_\_\_\_\_ Check #: \_\_\_\_\_

Check \_\_\_\_\_ Check #: \_\_\_\_\_

Cash \_\_\_\_\_

Cash \_\_\_\_\_

**TOTAL:** \_\_\_\_\_

**TOTAL:** \_\_\_\_\_

Manager Signature: \_\_\_\_\_

\$250.00 No Show Fee

Dizzy Dean Director: \_\_\_\_\_

Check # \_\_\_\_\_

National Director: \_\_\_\_\_

Cash

White - Treasurer

Yellow - Director

Pink - Coach