

SATURDAY, JANUARY 28, 2012

TIME: 8:00 AM

REGISTRATION FEE: \$200/TEAM

REGISTRATION DEADLINE: JANUARY 25

DIVISIONS: D, E, Rec

Make checks payable to RCRC and mail to:

Charity 1 Pitch Softball Tournament

6429 Bishop Avenue • Columbia, SC 29203

Phone: 754-6720 ext. 221 • Fax: 803-754-5445

Email: bj@rcrc.state.sc.us

1st place team will receive \$500*
cash prize, t-shirts & trophy

2nd place team will receive \$250*
cash prize & trophy

**Prizes & awards may vary depending on number of participants.*

In addition to the cash and prizes, the Richland County Recreation Commission will donate \$1,000 to the Firehouse Subs First Responder Relief Fund.



Batter up and play ball at our triple elimination tournament.

Co-sponsored and sponsored by:



RCRC leagues are organized for the express purpose of providing fun, friendly, healthy competition between participants interested in the sport of softball. **ARGUMENTS, VERBAL OR PHYSICAL ABUSE OF OTHERS, AND ANY OTHER SUCH DISRUPTIVE BEHAVIORS WILL NOT BE TOLERATED.**

A player or team suspension or expulsion may take place at any time during the season with no fees being returned. If you have been expelled from other leagues, this is not the place for you!

- 9 game season with single elimination tournament; play 1 night/week.
 - The Recreation Commission does not provide insurance for its participants. Each player chooses to participate at his/her own risk.
 - Registration is taken on a first paid basis with **NO** spots being held! **NO PHONE CALLS!**
 - Leagues are limited to 3 home runs per game.
 - Industrial and Media Leagues **MUST** be comprised of full or part-time employees (working a minimum of 25 hours every week) from the same organization.
 - **.44 COR ASA APPROVED BALLS .375 COMPRESSION RED or GOLD STITCH REQUIRED.** ASA approved bats found at ww.softball.org are allowed.
- NOTE:** Some previously approved bats have been banned and requires re-certification stamp before being allowed. **THE COMMISSION RESERVES THE RIGHT TO BAN ANY BAT IT FINDS TO BE INAPPROPRIATE FOR RECREATIONAL PLAY.**

Please fill out completely, accurately, clearly, and notify us of any changes. This information will be used for all correspondence so it must be correct or you will miss out on very important notices.

Team Name: Captain's Name:

Captain's Address: City: Zip:

Home Phone: Work Phone: Cell Phone:

Email:

Company/Sponsor or person paying the fee:

Has your child played in youth track before? YES NO If YES, what track program and where? _____

Would you be willing to coach a team? YES NO

How did you hear about this event? Newspaper Flyer Game Plan Website Other _____

IMPORTANT NOTICE (Please read this form carefully):

Only place additional locations in which you are willing and able to play! Schedules will be made using the information you provide. **NO REFUNDS** will be issued to teams that put additional choices and then decide they cannot play! All fees **MUST BE PAID IN FULL** before any team is placed on the schedule. **NO REFUNDS AFTER SCHEDULES HAVE BEEN COMPLETED.**

OFFICE USE ONLY

Date Paid: _____ Location registered at: _____ Time: _____ Receipt#: _____ Fee Paid: _____

DLN#: _____ Exp: _____ Cash: _____ Check#: _____ Credit Card#: _____ Exp: _____