

# **Charlton Softball Association**

## **2011 12U & 10U**

### **Softball Tournament**

Charlton Softball cordially invites you to participate in our 2011 Recreation Softball Tournament.

Division 12 and under: All players must have been born after Jan.1, 1998.

Division 10 and under: All players must have been born after Jan.1, 2000.

Dates: June 10 – 12 for 12U, June 17 – 19 for 10U.

Location: All games will be played at the Charlton Softball League fields located behind the Town Hall in Charlton Center. Allen Field is F1 located behind the Town Hall and Memorial Field is F2 located across the street.

The Fee will be \$375.00 and the first games may start Thursday or Friday at 6:00pm. Draw will determine schedule so please let me know if you are unavailable to play either of those nights.

Individual trophies will be awarded for 1st & 2nd places while pins will be given to all participants.

Format: Seeding Round/ Single elimination

A complete set of tournament rules and brackets will be mailed 1 week prior to tournament.

We look forward to another great tournament. We will accept up to 12 teams at each age level. We look forward to your participation. To reserve a spot for your team, please send the check to Charlton Softball, PO Box 94, Charlton, MA 01507. If you have any questions, please call Jean Sweet, Tournament Director at 508-934-9120 Joe Osche at 508-887-1975, League President.

If you are not the correct contact for this tournament, please forward this information to the appropriate person.

In the event of rain, board members of Charlton Softball Association will make a recommendation to the tournament director as to how best to proceed with the tournament. No refunds will be given. Seeding and elimination game times may be adjusted.

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**Please mark which tournament you plan to participate in;**

\_\_\_\_\_ **12U June 10, 11, 12**

\_\_\_\_\_ **10U June 17, 18, 19**

**Contact Information**

**League Name:** \_\_\_\_\_

**Contact Person** \_\_\_\_\_

**Phone & Cell #** \_\_\_\_\_

**Email address** \_\_\_\_\_

**Manager's Name** \_\_\_\_\_

**Phone & Cell #** \_\_\_\_\_

**Email address** \_\_\_\_\_

**Payment Info**      \_\_\_ **Check**      \_\_\_ **Cash**      \_\_\_ **Other**

**Comments** \_\_\_\_\_

Please fill out the information and return to Charlton Softball,  
PO Box 94, Charlton, MA 01507 by May 31st if possible.