



# Baseball Player's Association - World Series Official Entry Form

Name of Team: \_\_\_\_\_ Team AGE: \_\_\_\_\_

BPA Classification: \_\_\_\_\_ (Gold or Silver) Division: 8u Machine Pitch  or 8u Coach Pitch

Tournament Entering: \_\_\_\_\_ Location: \_\_\_\_\_

BPA Sanction Number: \_\_\_\_\_

City Team is From-City: \_\_\_\_\_ State: \_\_\_\_\_

Manager's Name: \_\_\_\_\_

Managers Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: (\_\_\_\_\_) \_\_\_\_\_ Evening Phone: (\_\_\_\_\_) \_\_\_\_\_

Fax: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_ Alternate Email: \_\_\_\_\_

Secondary Team Contact Name: \_\_\_\_\_

Day Phone (\_\_\_\_\_) \_\_\_\_\_ Evening Phone (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Hotel where you are staying: \_\_\_\_\_ City: \_\_\_\_\_

Local Phone for Hotel (NOT the 800#): \_\_\_\_\_ # Rooms Booked: \_\_\_\_\_

My signature as manager indicates that I am entering the above tournament as a representative of my team.

I understand the Tournament MAY BEGIN ON THURSDAY or FRIDAY, and that MY TEAM MAY BE REQUIRED TO PLAY ON THURSDAY or FRIDAY. I understand the requirements for requesting a refund as stated in the BPA rule book. No Refunds on tournament entry fees after the tournament entry deadline.

Manager's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

It is the TEAMS RESPONSIBILITY to Submit this form, entry fee, a copy of the team's Official BPA ONLINE Roster and COPY of Insurance with appropriate fees to YOUR "HOME STATE DIRECTOR", or the Northern Zone Office by the entry deadline listed in the online packet.

### STATE DIRECTORS – Verify information - PLEASE CHECK ENTRY DEADLINES!

This team has qualified for the above tournament, and has participated in my State Tournament. I have verified this team's information, and I am including the appropriate BPA World Series Entry form, the teams COMPLETED ONLINE BPA roster with all necessary signatures, copy of insurance certificate and Correct Break down of fees for the above team. As State Director, I WILL ENTER THE TEAM IN TO THE BPA ONLINE SYSTEM making sure they are ADDED to the APPROPRIATE AGE/DIVISION/LOCATION. I understand that NO players will be added to ANY roster at the tournament site, for ANY reason.

State Director Signature \_\_\_\_\_ Date \_\_\_\_\_

Day Phone (\_\_\_\_\_) \_\_\_\_\_ Evening Phone (\_\_\_\_\_) \_\_\_\_\_