

2020 COLLEGE SOFTBALL SPRING TRAINING INVITATIONAL

Please make sure you complete this registration form and mail with your team registration fee as soon as possible. Reservations will be accepted on a first come-first served basis.

Team Information

School Name							
Cahaal Address	Standa						
School Address	Street						
	City		State		Zip		
Head Coach's Name		I		I.			
Office Phone	Home Phone		Cell Phone		Fax number		
Email	-						
Lodging Information	<u>n</u>						
Arrival Date		Day		Time	Time		
Departure Date		Day		Time	Time		
Accommodations Requested: First Choice Second Choice (due to limited room blocks we can not guarantee that you will be at hotel requested)							
Jackie Robinson Training Complex Villas Total # of Double Rooms (sleep 1-2) Total # of Queen Doubles (sleep 1-4) Total # of King Suites (sleep 1-4) Total # of Double Suites (sleep 1-4)			Partner Hotels Total # of Double Rooms Total # of Single Rooms Total # of Suites				
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			\$110.00 (day game), \$150.00 (night game) \$ 60.00 balls.				
Number of Day Games Requested			Number of Night Games Requested				
Number of Practice Sessions Requested							
 Non-refundable team registration fee in the amount of \$275.00. Cancellation Policy – Teams that submit a registration fee, but are unable to attend, will forfeit the registration fee. 							
By signing this agree	ment, I hereby agree to all to	erms an	d conditions herein de	escribed.			
Coach's Signature Date							
Print or Type Name _							
* Check or money order (Made Payable to Verotown LLC)							
CREDIT CARD (circle one)	AMEX	Visa		Masterca	nrd	Discover	
CC#		Exp Date		Security Code		Amount	
Card Holder		Signa					