

* The RVSA Classic *



Entry Form

Please fill out this form and the roster form completely, sign and return with your entry fee (\$350) to Tournament Director, RVSA, P.O. Box 191, Medford, OR 97501.

Entry deadline is May 29, 2020

Team name: _____ Age bracket: _____

SSUSA rating (if you have one): _____ NCSSA rating (if you have one): _____

Manager or responsible party: _____

Mailing address: _____

City, State, Zip code: _____

Phone: _____

Email: _____

The RVSA Classic Softball Tournament will be played June 13-14, 2020, at U.S. Cellular Community Park in Medford, Oregon. Tournament organizers will make good faith efforts to place teams in brackets with other comparable teams. Brackets and schedules will be posted approximately one week prior to the tournament. The tournament will be played with SSUSA rules, which are available at seniorsoftball.com. Managers are expected to familiarize themselves with the rules and to abide by the decisions of umpires and the tournament director without argument. Submit a completed roster with the entry form. Players may play on only one team in the tournament. Players who are disruptive, combative or unsportsmanlike may be ejected from a game or barred from the tournament by umpires or the tournament staff. RVSA will provide umpires who will track innings, runs and outs on scoreboards, however the home team at each game is required to maintain an official scorebook. Softball, like all athletic endeavors, presents a risk of injury. RVSA, its officers and assigns are not responsible for injury or damage to personal property that may result from a player's participation in the RVSA Classic Softball Tournament. All players play at their own risk. Entry fees will not be refunded for withdrawals after June 8, 2020.

I have read and I agree to the above:

Signature: _____ Date: _____

RVSA Classic Roster 2020

TEAM NAME:		
AGE GROUP:	(Manager)	(Assistant Manager)
	NAME	
	ADDRESS	
	City, St Zip	
	EMAIL	
	PHONE(S)	

Official Roster

	LAST NAME, FIRST NAME & BIRTH YEAR	ADDRESS, CITY, STATE
1		
2		
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