

**2023 DONEGAL INVITATIONAL WIFFLE BALL TOURNAMENT**

THIS ACTIVITY IS SPONSORED, OFFERED and ENDORSED BY THE DONEGAL BASEBALL BOOSTER CLUB

WHEN: Sunday, February 5, 2023

WHERE: Donegal HS Gym, 1pm (doors open 12:30pm)

COST: Team Registration = $50

**This event is open to all K-8 students, please sign up your family and friends.**

Registration forms and payment should be mailed or presented at the registration table the day of the event. Please have ALL forms and payment together. The team parent/coordinator is responsible for handing in everything for the team. Please send an email with grade and team name to donegalhsboosterclub@gmail.com to let us know you’re coming!

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| **REGISTRATION/WAIVER FORMS WITH PAYMENT CAN BE MAILED TO:****Donegal Baseball Booster Club****c/o Jim Evans****24 Jewel Drive****Mount Joy, PA 17552****Checks payable to Donegal Baseball Booster Club****Send questions to donegalhsboosterclub@gmail.com** |

**TOURNAMENT INFO**

* Grade brackets: K-2, 3-4, 5-6, 7-8
* Teams must have 5 players with max of 7 (single players will be placed on a team)
* Double elimination tournament with 1 game championship at each age bracket
* DHS players are assigned as coaches for each team
* Concession stand will be open

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**Team Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Player Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Grade:\_\_\_\_\_\_\_\_**

**Parent/Guardian Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*Waiver of liability:** I, the above named for the participation in the above named activity, hereby waive any claim for bodily injury or property damage against the Donegal School District and Donegal Baseball Booster Club, it agents, servants, and/or employees while a participant in the above named activity. I also give permission for a doctor and medical personnel to expedite emergency medical treatment in case of injury. Each parent must sign the original registration form the day of the event or prior to mailing the form.

**Parent/Guardian Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**