

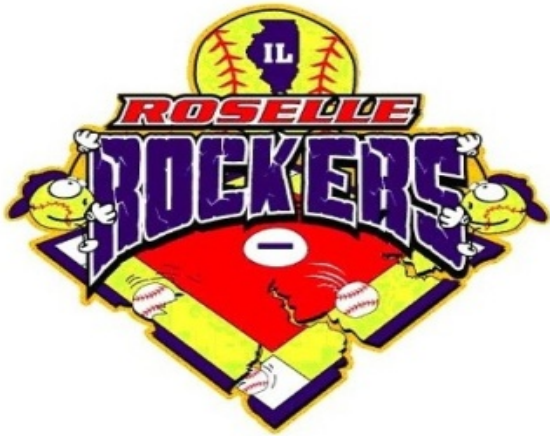
*Start your Summer Season by playing in the  
Rockin' Summer Spectacular  
2010 USSSA Qualifier  
Presented by Roselle Rockers!*

**Tournament Information:**

- Age Group: 10U 12U 13U 14U 16U
- Teams: "A" & "B" level teams. 13U level is "open".
- Tournament Date: June 4th through June 6th, 2010
- Location: Games will be played at the Clauss Recreation Center, 555 W. Bryn Mawr, Roselle 60172.
- Cost: The tournament fee is \$450.00 per team. If the tournament is cancelled due to any reason outside of our control and no games are played, each team will receive a refund less a \$75 administration fee, 1 game constitutes a tournament.
- Format: USSSA qualifier, 4 game minimum - pool play, followed by bracket play
- Number of Teams: 16 team maximum per age group.
- Rules: USSSA rules will be followed, with modifications for the different age groups. The complete tournament rules and a tournament packet will be sent out 2 weeks prior to the start of the tournament.
- Requirements: Proof of insurance, roster, waiver and birth certificates will be required upon checking in at the tournament. All teams must be registered with the USSSA prior to the tournament (see the [www.ussa.com](http://www.ussa.com) to register on line or [www.ilusssa.com](http://www.ilusssa.com) for a Team Registration form.
- Entries Received: All registration forms will be accepted based upon the post mark date and the order in which they are received. Registration forms will NOT be accepted unless accompanied by a check for full payment.

Inquiries: Contact the following with any questions:

Gino Dama  
(847) 417-5147  
rgdama92@sbcglobal.net



**Registration Form  
2010 Rockin' Summer Spectacular  
Presented by the Roselle Rockers!  
June 4th – 6th, 2010  
Roselle Medinah Softball and Baseball Organization**

**All tournament information will be sent to the e-mail address listed below:**

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

**USSSA Sanction number** \_\_\_\_\_

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

**Street:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Home Phone Number:** \_\_\_\_\_

**Cell Phone Number:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

**Age Group: (Circle one)    10U    12U    13U    14U    16U**

**NO REFUNDS WILL BE GRANTED FOR ANY REASON WITHIN 30 DAYS OF  
THE TOURNAMENT.**

**Return the completed registration form\* and your \$450.00 check made payable to  
the *Roselle Rockers Purple 14U Softball***

**Mailing address:  
Mr. Gino Dama  
C/O *Roselle Rockers Purple 14U Softball*  
11 Don Carlos Drive  
Hanover Park, IL 60133**

\*Registration forms will NOT be accepted unless accompanied by a check for full payment.