

26th Annual Jack's Kids Softball Tournament Somerville Elks #1068 July 14th, 2018



Jack's Kids annual Jack Gardner Softball Tournament Registration Form

Donation: \$400 Tournament Play PLUS 1 50/50 book (\$100) – separate checks

Deadline: June 1, 2018 – no exceptions. (Please note that you are not officially entered into the tournament until payment is received and we fill FAST!)

***An important aspect of this day is our annual Super 50/50 which we use to raise \$10,000 for the KIDS. As we did last year and in the years past, we are having EVERY team take 1 book and sell it as part of the entry fee.

***Contact Hank or Lisa Werner to get a book as they must be picked up in person.

Read all about Jack and our kids at www.jackskids.org and like us on Facebook www.facebook.com/jackskids1068

***Please note that this tournament is about the kids we help throughout the year! We as a committee will make EVERY effort to have the softball tournament but "mother nature" does not always comply. If in the event that weather causes us to have to cancel the games, please still come and support us the day of the event at the Elks Lodge for the festivities that take place there. REMEMBER..."IT'S ALL ABOUT THE KIDS!"

*The Jack's Kids Committee has the right to adjust all tournament play.

Registration form on following page

Mail registration form and team entry check payable to "Somerville Elks c\o Jack's Kids" to:

Somerville Elks Jack's Kids Softball

c\o Lisa Werner

375 Union Avenue

Bridgewater, NJ 08807

**Separate check for 50/50 book

Contact Lisa Werner with any questions you may have at <u>ElksJacksKids1068@gmail.com</u>

Registration Form

PLEASE PRINT CLEARLY!!!!

<u>Please Circle</u> Please note that we reserve the right to adjust and place teams in any bracket based on the needs of the tournament. You are NOT guaranteed either recreational or competitive

Men's Division:	Competitive	Recreation	al	
Women's Division:	Competitive	Recreation	al	
	MUST COMPLET	E ALL INFORMA	<u> TION!!!!!</u>	
Managers Name (Team	Contact):			
Team Name:				
Mailing Address:				_
City:	State:	:2	Zip:	
Cell Phone:				
Alternate Number <u>:</u>		_		
E Mail address:				
In order for you to assis	st us with bracket set up,	please answer the f	<u>Collowing ques</u>	<u>tions:</u>
Have you played in this	tournament before:	Yes No		
If yes for how many yea	ars?			
Have you always played	l under the same team na	me? Yes No		
If no, what other names	s have you played under_			
What is the age range o	f the players on your tea	m 18 – 30	31 - 40	41 – 65