



**Milton Girls Softball Association  
2019 Select Tournament Registration Form**

<b>Division / Date</b>	Mite (U10)	Sunday June 16th
	Squirt (U12)	Saturday June 15 <sup>th</sup>
	Novice (U14)	Saturday June 15 <sup>th</sup>

**Cutoff Date:** Sunday May 26<sup>th</sup>

**Tournament Fees:** OSSTA MEMBERS \$375.00 Non OSSTA MEMBERS \$425.00

**NOVICE**

Cheques payable: 2019 Milton Bats Novice Select  
 Kevin Graca 416 805-5020  
 65 Mccandless Crt Milton Ont L9T 2C4  
 E-Transfer: [keving.sellscars@gmail.com](mailto:keving.sellscars@gmail.com) password: softball

**SQUIRT**

Cheques payable: 2019 Milton Bats Squirt Select  
 Guy Lafond 416 678-7126  
 856 Cedarbrae Ave Milton Ont L9T 3X1  
 E-Transfer: [guylafond@hotmail.com](mailto:guylafond@hotmail.com) password: softball

**MITE**

Cheques payable: 2019 Milton Bats Mite Select  
 Blair Flood 416 704-8315  
 49 Barton Street Milton Ont L9T 1C7  
 E-Transfer: [blairflood@gmail.com](mailto:blairflood@gmail.com) password: softball

**Please note:** No refunds will be issued if a registered team withdraws during the 2-week period prior to the tournament date, unless a replacement team is found. Tournament slots will be filled on a first come first serve basis, but only once the application form with the accompanying payment is received by the M.G.S.A. All tournaments will be a maximum of eight teams. Each team will be guaranteed 3 games. There will be a Championship game and a Consolation game.

**Draw:** A draw will be done prior to the tournament with the farthest two teams given a first time slot bye.

**There will be a coaches meeting half an hour prior to the start of the tournament**

**Awards:** Trophies for both Consolation and Championship game will be awarded.  
**For Mite and Squirt tournaments all participants will receive an award.**



Date Submitted: \_\_\_\_\_ Association: \_\_\_\_\_

OSSTA MEM # \_\_\_\_\_

Division: \_\_\_\_\_ Tournament Date: \_\_\_\_\_

Has Select team played in any Rep Tournaments \_\_\_\_\_ If yes how many \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Team Colours: \_\_\_\_\_

Town/City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Game schedules and directions will be forwarded to you approximately 1-2 weeks prior to the tournament. If you have any questions please contact respective division Coaches.

**Proof of Association insurance required.**

Player proof of age should be available upon request



Jersey: \_\_ Name: \_\_\_\_\_ DOB \_\_/\_\_/\_\_

Jersey: \_\_ Name: \_\_\_\_\_ DOB \_\_/\_\_/\_\_

Jersey: \_\_ Name: \_\_\_\_\_ DOB \_\_/\_\_/\_\_

Jersey: \_\_ Name: \_\_\_\_\_ DOB \_\_/\_\_/\_\_

Jersey: \_\_ Name: \_\_\_\_\_ DOB \_\_/\_\_/\_\_

Jersey: \_\_ Name: \_\_\_\_\_ DOB \_\_/\_\_/\_\_

Jersey: \_\_ Name: \_\_\_\_\_ DOB \_\_/\_\_/\_\_

Jersey: \_\_ Name: \_\_\_\_\_ DOB \_\_/\_\_/\_\_

Jersey: \_\_ Name: \_\_\_\_\_ DOB \_\_/\_\_/\_\_

Jersey: \_\_ Name: \_\_\_\_\_ DOB \_\_/\_\_/\_\_

Jersey: \_\_ Name: \_\_\_\_\_ DOB \_\_/\_\_/\_\_

Jersey: \_\_ Name: \_\_\_\_\_ DOB \_\_/\_\_/\_\_

Jersey: \_\_ Name: \_\_\_\_\_ DOB \_\_/\_\_/\_\_

Jersey: \_\_ Name: \_\_\_\_\_ DOB \_\_/\_\_/\_\_