



Roger Allen Baseball
PO Box 394
Rochester, NH 03866
www.rogerallenbaseball.com

To: Cal Ripken League Representative, Tournament Director or President

Re: Roger N. Allen Baseball Invitational Tournament

I am writing to invite you to our 2020 **Tom Kittredge Memorial Invitational Tournament**. We are fortunate to have the facilities to host a, “multi age group” tournament, as a result we are allowing 8’s, 9’s, 10’s, 11-70’s & 12-70’s in our tourney in 2020. Our Kittredge Tourney is in its 14th year, and will again be a four-day tournament on August 27, 28, 29, and concluding on Sunday August 30th. The cost per team is \$525.00. There will be a minimum of four teams per division, but we guarantee no less than four games per team (3 pool play games and single elimination playoffs). Each team will play one of their pool play games on Thursday or Friday. Two Games on Saturday and single elimination playoffs starting Sunday.

The enclosed registration sheet will help us in placing your team on our tournament list. Please take a few minutes to fill it out, paying special attention to the insurance binder section. Our contract with the owner of the facility requires us to eliminate any team if the insurance form is not in on time. **This form is due no later than August 18th, 2020.**

If any questions arise, you may access our website (www.rogerallenbaseball.com), or by calling me at the number below. This tourney is first come, first serve basis, and we have run it successfully for many years! Please follow the directions on the next page closely.

Also, we will be selling Kittredge Tournament t-shirts. We will be offering a pre-sale of the t-shirts at a discounted rate. We will have the shirt design and link to preorder online prior to the start of the tournament. We will have a limited supply available at the tournament.

Best regards,

Nick Marcotte - Tourney Director (603) 973-6060 rogerallenbaseball@gmail.com

2020 Roger N. Allen Baseball

Tom Kittredge Memorial Invitational Tourney

Team Registration Form (make copy prior to filling out, if you are entering more than one team)

Name of team to be listed _____

Town the team is representing _____ (No AAU teams in this tourney)

Name of team contact _____ Team Coach _____

Team Contact Address _____

Phone _____ Additional phone _____

E-mail of the contact _____ E-mail of coach _____

(DIVISION) Team age group that you are requesting to be entered into:

12/70' _____ 11/70' _____ 10 _____ 9 _____ 8 _____

Cost per team is **\$525.00**, made payable to **Roger Allen Baseball**. We also accept payment via credit card. Please contact us to request a payment link..

Insurance information: Roger N. Allen Baseball requires each team that plays in the invitational tournament to **supply proof of insurance with this form**. Cal Ripken teams are covered by Cal Ripken Baseball, and need to submit a copy of current coverage. Any team not in Cal Ripken need's to list *Roger Allen Park Association, and Roger N. Allen Baseball* as an **additional insured's**. This coverage can be obtained by requesting the additional insured paragraph from your insurance provider. No team application will be accepted without this proof of insurance/additional insured coverage.

This form, check and insurance needs to be returned no later than August 18, 2020.

Please use the following address for all mail correspondences.

Roger Allen Baseball
C/O Nick Marcotte
PO Box 394
Rochester, NH 03866

*Tournament information will be emailed or posted to our website at www.rogerallenbaseball.com one week prior to the tournament.