

2010 USSSA
WOMEN'S CLASS C, D, E ATLANTIC COAST NATIONAL TOURNAMENT
AUGUST 28-29, 2010

West Metro Atlanta Softball Complex
Atlanta, Georgia

Congratulations! Your team has qualified to enter the 2010 USSSA Women's Atlantic Coast National Tournament to be held August 28-29, 2010 at West Metro Atlanta Softball Complex in Atlanta, Georgia. West Metro Atlanta Softball Complex consists of 6 fields with 300' fence distances.

TOURNAMENT INFORMATION

WHERE & WHEN: West Metro Atlanta Softball Complex-Atlanta, Georgia August 28-29, 2010. All teams should be prepared to play on Saturday morning at 8 o'clock.

ENTRY FEE & FORMAT: The entry fee for this three game guarantee tournament is \$310.00. Only money orders, certified checks, or USSSA Director's check accepted. Make checks payable to USSSA/Connie Bryan.

DEADLINE FOR ENTRY FEE: Wednesday August 16, 2010 is the deadline for receiving entries. All entries must be in *Your State Director's* possession by this date and in the *Tournament Director's* (from your State Director) by Friday August 20, 2010. **NO ENTRY ACCEPTED UNLESS ENTRY FEE IS ENCLOSED OR ENTRY FEE HAS BEEN PAID ONLINE.** For a listing of State Director's and their contact information go to and click on Slow Pitch Softball.

ENTRY FEE & FORM: All teams must abide by their local Tournament Qualification Rules administered by their respective Director's in qualifying for a berth in this event. Your entry fee of **\$310.00** must be paid online or be in *Your State Director's* possession by the deadline of August 16 2010. *State Director's* should forward letter of transmittal by no later than *Friday August 20, 2010* to assure team's entry.

RECOMMENDED ENTRY PROCEDURE: Once a team has qualified, the team can enter and pay for the event online at www.ussa.com It is recommended that all entry fees be paid online through the www.ussa.com website. Additionally, teams must complete their entry form and travel information sheet and submit to their State Director by August 16, 2010. State Director's must also confirm the entries of all teams from their State into this National Tournament through the on-line berth approval process. State Director's must also insure that each team's frozen and approved roster is entered online at www.ussa.com **THIS IS MANDATORY!**

TEAM'S ENTERING MANUALLY: Enclose with the entry form the following:

1. Copy of receipt of online payment, cashier's check, or money order in the amount of **\$310** made payable to **USSSA/Connie Bryan**. No entry fee will be accepted without the correct tournament fee included.
2. **Team Roster:** Team roster must be entered online at www.ussa.com frozen and approved by their State Director. Failure to comply with this rule will result in your team's suspension from participation in this tournament.
3. Completed 2010 Women's National Tournament entry form and travel form.

The complete entry package should be sent to Your State Director who will then forward the material along with letter of transmittal to:

Connie Bryan
PO Box 1697
Snellville, GA 30078
770-982-9935/404-626-4467
email: normanbryan@bellsouth.net

AWARDS

Team Award 1st thru 4th Place
Individual Awards 1st & 2nd Place
All Tournament Team
Best Defensive Award
Most Valuable Player Award

GAME TIME & PAIRINGS: Drawing will be conducted on Wednesday August 25, 2010. Brackets will be available on-line Thursday August 26th after 2:00pm. Brackets will not be mailed or faxed out. Official brackets will be available Saturday in your packet at the park. For more information, contact Connie Bryan at 770-982-9935.

BAT INSPECTIONS: Bat inspection will be conducted on the field when the team plays their first game.

CONDITIONS: The right is reserved by the tournament director to change sites, dates, or make other changes to conduct this tournament. This would include changing tournament format in the event of inclement weather. All measures will be taken to complete this event.

UNIFORMS: Non-duplicating numbers are required on all teams' uniform jerseys. The numbers must be a minimum of 3 inches in size and clearly visible. Teams must wear similar uniforms. Protests on uniforms will not be allowed. It shall be the tournament director's responsibility regarding to determine uniform legality.

BALLS: The tournament director will provide USSSA approved Classic W Softball.

RULE 16 section 6: The game may start with 9 players; however, an out shall be declared when the 10th position in the lineup is scheduled to bat. A 10th player may be added in the 10th position anytime before the end of the game. A team that starts with 10 or 11 players may drop to a minimum of 9 players to finish a game. All vacant spot(s) in the lineup will be declared an out every time that lineup position is due to bat. If a player is ejected from the game for any reason the team must have a substitute available to replace the ejected player or an out will be declared each time the position appears in the batting order. If a team starts with 9 or 10 players they are not allowed to add the 11th or 12th player at a later time.

All participants must have a photo ID.

HOME RUN LIMIT: 3 Home Runs per team, per game in Class C. Zero Home Runs in D and E.

RUN RULE: 10 AFTER 5 (FLIP FLOP AFTER 4TH).

TOURNAMENT HEADQUARTERS: Tournament Headquarters will be located at West Metro Atlanta Softball Complex – 404-432-5779 – 7301 Campbellton Road SW, Atlanta, Georgia 30080.

ADMISSION POLICY: Admission for this tournament is \$5.00 per day. This charge will be in effect for everyone over 16 years of age. Rostered players, coaches, and managers must be in uniform to gain free entry.

**USSSA SLOW PITCH SOFTBALL
ENTRY FORM MEN'S CLASS E
ATLANTIC COAST NATIONAL TOURNAMENT**

Name of Team: _____

From (City and State): _____

Manager's Name: _____ Manager's Telephone Number: _____

Manager's Complete Mailing Address: _____

Zip: _____

Team Sponsored by: _____ Current Season's Record: Won _____ Lost _____

Current Season's Championships Won: _____

Past National or World Titles Won: _____

Note: Please attach any publicity data concerning individual or team performance such as newspaper clippings, pictures, etc.

Enclosed is a cashiers check or money order in the amount of \$ 310 to cover our entry fee.

CODE OF UNDERSTANDING

1. This entry form, along with entry fee, must be submitted to your State Director. Teams will not be allowed to forward entry fee directly to the National Tournament Director. In the event a State does not have a State Director, then this form must be submitted to your Division Vice-President. Entry forms will be returned, as unaccepted, to teams that fail to follow this procedure.
2. The National Tournament Director is under no obligation to accept an entry that arrived after the bracket is drawn.
3. All teams must be uniformed alike when competing in a National Tournament.
4. Any team that submits a bad check for payment of entry fee or motel bills will be subject to disbarment.
5. Any teams destroying property or involved in theft of motel property will be subject to disbarment.
6. My team stands ready to play on Saturday morning at 8 o'clock as scheduled.

I agree with above code of understanding.

RELEASE

I, the undersigned, manager of the team shown on this entry form hereby state that the team represented by its roster, is a voluntary participant in this tournament which is sanctioned by the United States Specialty Sports Association (USSSA). In consideration of this acceptance of our application to participate in said tournament we do hereby release and forever discharge USSSA of and from all liabilities, claims, actions, and possible causes of action whatsoever that may accrue to us or to our heirs from every and any loss and injury including death that may be sustained by our person or property while, in about, or route into and away from said tournament. AND WHEREAS, the undersigned is aware of the dangerous nature of our undertaking as it relates to loss of life and/or limb, therefore, it is agreed as follows: That in consideration of being allowed to participate in said tournament, the undersigned team through its manager hereby voluntarily assumes all risks from accident or damage to person or property hereby releases USSSA from every claim, liability, or demand of any kind for an account of any personal injury or damage of any kind sustained or caused by the negligence of the USSSA, its sponsors or otherwise.

I have read and understand the foregoing release and code of understanding.

Signature: _____ Date: _____

TRAVEL INFORMATION SHEET

PLEASE FILL OUT THIS FORM

(It is extremely important that the following information be filled out completely. This is how we contact your team if there are any changes to the tournament).

TEAM NAME: _____

TEAM LOCATION (CITY): _____ **(STATE):** _____

MANAGER: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

MOTEL/CONDO: _____

NUMBER OF ROOMS BOOKED: _____ **NUMBER OF NIGHTS:** _____

NAME ROOMS ARE RESERVED UNDER: _____

NUMBER OF PEOPLE IN YOUR GROUP: _____

METHOD OF TRAVEL: _____

EXPECTED ARRIVAL DATE: _____

MILEAGE OF TRAVEL: _____

FORWARD THIS INFORMATION TO:

**Connie Bryan
PO Box 1697
Snellville, GA 30078
770-982-7488 (FAX)**

Hotel:

***Ramada Atlanta Airport
Conference Center***

1380 Virginia Avenue

Atlanta, GA

800-316-6241

Code: USSSA Atlantic Coast National Tournament

Metro Atlanta Softball Complex

<i>Room Type</i>	<i>Rate per Accommodation</i>
<i>King</i>	<i>\$69.00 plus tax</i>
<i>Double</i>	<i>\$69.00 plus tax (4 per room)</i>

Feel free to call me if you have any trouble booking your accommodations or if you need any assistance.

Connie Bryan

770-982-9935/404-626-4467