



# 2017 Tournament Entry Form

(Please print legibly)

Event: \_\_\_\_\_ Team Name: \_\_\_\_\_

Baseball: \_\_\_\_\_ 9u, 10u, 11u, 12u, 13u, 14u, 15u

Softball: \_\_\_\_\_ 10u, 12u, 14u, 16u, 18u

Head Coach: \_\_\_\_\_ Assistant Coach: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

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

1. Mail registration form, entry fee, and roster if necessary to Dodge City Legends Park, PO Box 880, Dodge City KS 67801.
2. Entry Deadline is Sunday prior to the event or until the tournament is full.
3. Entry fees must be paid by the Entry Deadline.
4. Games will be played at Legends Park, 600 Ross Blvd. Area fields will be used if necessary.
5. For more information contact Tournament Director at [tournamentdirector@dodgecity.org](mailto:tournamentdirector@dodgecity.org).

## Payment Form:

Tournaments Entered (#) \_\_\_\_\_

Entry Fee(s) Total \$: \_\_\_\_\_

Total Amount Enclosed \$: \_\_\_\_\_

## Payment Method:

Check #: \_\_\_\_\_

Cash: \_\_\_\_\_

Credit Card: Visa/ Mastercard/ Discover

Card #: \_\_\_\_\_

Name on Card: \_\_\_\_\_

EXP Date: \_\_\_\_\_

Dodge City Legends Park  
PO Box 880  
Dodge City, KS 67801

[http://www.dcleghendspark.com/  
tournamentdirector@dodgecity.org](http://www.dcleghendspark.com/tournamentdirector@dodgecity.org)