

2010 FALL SOFTBALL REGISTRATION FORM

Kirkwood Athletic Association is delighted to offer a fall softball program for young ladies teams aged 10u, 12u and 14u. We are also offering for the 2010 fall season a High School softball season, this may be of particular interest to our Illinois teams. This will be a single division of play ages 15-18.

The season is 10 games and is a doubleheader league. It is a Saturday-Sunday morning-afternoon league. The season opens Saturday, September 10th and play will continue for 5 weeks concluding on Sunday, October 10th. The weekend of October 16th.-17th will be used for any rainouts.

The cost is \$750.00. The roster is open and players may be added to the roster at any time during the season. All KAA teams have insurance in force from during the summer season. All "outside" teams must have proof of insurance. Teams that are combined to play in the fall must supply the office the combined roster of players and use one of the team names applicable and insured during the summer season. Splinter teams or those being formed for 2011 from players at KAA in 2010 should follow the same guidelines as stated above for insurance purposes.

Registration is by team only. During the fall, teams play up to the level applicable for the next season, i.e. a second year 12u in 2010 would play 14u for the fall. Brackets are not applicable during the fall however we will attempt to place and schedule games in a competitive format.

The initial application and deposit of \$375.00 is due in the office by Monday August 23rd and the final payment of \$375.00 is due Tuesday, September 7th. The schedules will be completed over Labor Day weekend, no check, no schedule. **DEPOSITS ARE NON-REFUNDABLE!**

Uniforms do not have to be the same as we understand this is a time that girls may be trying out for teams, this is a no trophy, no award league but an excellent time to form a team, tryout young ladies and prepare for the KAA fall tournament to be held on October 24th.-26th.

Please fill in the attached team registration form and remit along with your deposit fee back to:

KIRKWOOD ATHLETIC ASSOCIATION
2377 MARSHALL ROAD
KIRKWOOD, MISSOURI 63122

Team Name: _____ Division-age: _____

Managers Name: _____

Address: _____

City, State and Zip Code: _____

Home Phone: _____ Cell: _____ Work: _____

Email: _____