

SWING 4 A CURE

MENS & COED SOFTBALL TOURNAMENT FOR CANCER RESEARCH

**August 20, 2011—
August 21, 2011**

**Ball starts at 8 OR 9 am on Saturday,
August 20, 2011**

All games are played at McQuillin
Ballpark in Rochester, MN

**Guaranteed 3 Games*

**Umps Provided*

**Concessions Available*

**50/50 Raffle tickets will be available
all day*

**Shirts and Coozies will be sold at
the park*

**Cab rides available from McQuillin
to one destination*

**Each team must provide their own game balls*

**Daycare provided at ball field all day
during your game*

**Any Person Affiliated with this Tournament
is not Responsible for Accidents or Injuries!*

**Check us out on Facebook:
SWING 4 A CURE**

\$125.00/TEAM

****All games will be stopped from
Noon - 1pm on Saturday, August 20,
2011**

****All players are to report to Field 5 at
Noon**

**BEAN BAG TOURNAMENT
STARTS AT 4PM
SATURDAY
\$5 ENTRY**

**LIVE ENTERTAINMENT AT
THE WICKED MOOSE ON
SATURDAY, AUGUST 20
STARTING AT 9pm**

BAND (TBA)

**Admission is \$5
GOING TOWARDS THE BENEFIT**



**Proceeds to Benefit Cancer
Research Locally
All money raised goes to the
Eagles Cancer Telethon**

**Registration must be received by:
Monday, August 15, 2011**

Questions Call:

Jerry Parker (507) 254-2960

**Brandy Heaser (507) 398-5495
Or email brandy@mynetshaper.com**

**Kari Baxter (507) 259-4963
Baxter.kari@mayo.edu**

**Teams will be notified via email of
playing time by: Thursday, August 18th**

**All registration information and
Rules can be found at the RSA
website**

<http://www.rsasoftball.com/index.html>

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## **TOURNAMENT RULES**

- \* Games will be played, rain or shine. Take cover if lightning is sighted.
- \* Games will be 7 innings.
- \* 10-run rule after 5 innings, 15-run rule after 4 innings
- \* 8-run rule in effect after the first inning for all games.
- \* Maximum of four (4) home-runs per game. After that, they count as outs. \*in case of a tie, if all home runs are used, an additional home run will be added for each team\*
- \* 2-strike, 3-ball rule will apply for all games (2nd strike must be fair ball). No courtesy foul.
- \* Strike mats will be used. If ball hits the mat or plate, a strike will be called.
- \* Teams must furnish a **44 COR, 375 compression ball** for each game (Women - 11" ball). **\*\*\*NO WHITE BALLS\*\*\***
- \* **ASA approved bats only**
- \* If disputes arise concerning condition of balls, teams shall hit their own ball.
- \* All umpire decisions will be final - **NO protests allowed!**
- \* Playing fields and tournament HQ will be at McQuillan Park in Rochester, MN.
- \* Winning teams must report game results to Headquarters Board at the park.
- \* If fewer than 10 players, the missing batters count as outs, unless waived by opposing team. **\*\*YOU ARE ONLY ALLOWED 2 PICK UPS IF SHORT PLAYERS\*\*** **ONLY 2 MAY BE ADDED TO THE TEAM AND NO MORE!!**
- \* All games have a one hour time limit NO give or take
- \* 10 minute courtesy limit for start time; after 10minutes then it is a loss for the team not there
- \* The last person out can courtesy run in the event of an injury
- \* **Drinking is allowed in the dugouts (AS LONG AS YOU PICK UP AFTER YOURSELF)**
- \* **NO SMOKING ALLOWED IN THE DUGOUT**

**\*\*\*ALL TEAMS PLEASE BE SURE TO CLEAN UP THE DUGOUT WHEN YOUR GAME IS OVER. THE MONEY RAISED FOR THE EAGLES CANCER TELETHON WILL HAVE TO COVER PARK CLEAN UP CHARGES IF YOU DO NOT PICK UP AFTER YOURSELVES!!!!!!!!!!\*\***

**\*\*\*RESPECT YOUR UMPIRES PLEASE!!! THEY ARE VOLUNTEERING THERE TIME TO BE HERE FOR THIS TOURNAMENT AND TO HELP SUPPORT THIS CAUSE\*\*\***

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MAKE CHECKS PAYABLE TO: **Eagles Cancer Telethon** IN MEMO PUT: **Swing 4 a Cure**

MAIL FORM BELOW AND \$125.00 TO: **SWING 4 A CURE**

C/O BRANDY HEASER

310 WASHINGTON AVE SE

EYOTA, MN 55934

ALL ENTRIES MUST BE RECEIVED NO LATER THAN: **MONDAY, AUGUST 15, 2011**

FOR ANY AND ALL QUESTIONS CALL: **JERRY PARKER (507)254-2960, BRANDY HEASER (507)398-5495, OR KARI BAXTER (507) 259-4963**

ENTRY FORM - SWING 4 A CURE

CIRCLE ONE: MENS COED

TEAM NAME: _____ **ASA/MSF CLASSIFICATION:** _____

MANAGER: _____ **CONTACT NUMBER:** _____

ADDRESS: _____ **CITY:** _____

STATE: _____ **ZIP:** _____

EMAIL ADDRESS FOR NOTIFICATION OF PLAYING TIME: _____

CONTACT PERSON AND # IF MANAGER NOT AVAILABLE: _____

SIGNATURE ON BEHALF OF THE TEAM FOR THE RULES & STATEMENT BELOW:

_____ **DATE:** _____

ANY AND ALL PERSONS AFFILIATED WITH THIS TOURNAMENT IN ANY WAY IS NOT RESPONSIBLE FOR ANY ACCIDENTS OR INJURIES THAT OCCUR WHILE ATTENDING THIS TOURNAMENT!!!

COME AND PLAY AT YOUR OWN RISK!