



NATIONAL INVITATIONAL TOURNAMENT OFFICIAL TOURNAMENT ENTRY FORM

Year 2009



Check Appropriate Tournament:

- | | | |
|---------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Mens A NIT | <input type="checkbox"/> Womens A NIT | <input type="checkbox"/> Mixed Couples Class A |
| <input type="checkbox"/> Mens B/C NIT | <input type="checkbox"/> Womens B NIT | <input type="checkbox"/> Mixed Couples Class B |
| <input type="checkbox"/> Mens C/D NIT | <input type="checkbox"/> Womens C NIT | <input type="checkbox"/> Mixed Couples Class C |
| <input type="checkbox"/> Mens D/E NIT | <input type="checkbox"/> Womens D NIT | <input type="checkbox"/> Mixed Couples Class D |
| | | <input type="checkbox"/> Mixed Couples Class E |

NOTE: PLEASE PRINT OR TYPE

Name of Team: _____
(List team name exactly as shown on registration card.)

USSSA National Sanction Number _____ **Class** _____

Hometown (Location of Sponsor): _____ **Director** _____

Manager's Name: _____

Manager's Complete Mailing Address: _____
_____ Zip _____

Manager's Phone Number(s) - Home () _____ Work () _____

Manager's e-mail address: _____

Has Team qualified for USSSA World Tournament? YES NO Paid? YES NO (Please circle)
Name and Location of Qualifying Tournament _____ Date _____

Has Team qualified for USSSA National Tournament? YES NO Paid? YES NO (Please circle)
Name and Location of Qualifying Tournament _____ Date _____

Entry fee of \$ _____ is enclosed. Include USSSA registration fee if not registered for current season.
Certified check, money order, or USSSA Directors check only!

Current Season's Record: Won _____ Lost _____

Current Season's Championships Won: _____

Team Travel Data: Date of Arrival _____ / _____ / _____ Time of Arrival _____ AM/PM

Motel _____ Motel Address _____

Registration Name _____ Motel Phone # _____

Total Rooms _____ Total Room Nights _____ Room #'s _____

(PLEASE COMPLETE BOTH PAGES)



U. S. S. S. A.



RELEASE

I, the undersigned, manager of a team known as _____
 _____ hereby state that the team represented by the attached roster, is a voluntary
 participant in a tournament known as **USSSA Women's Blue Chip Classic N.I.T.** to be held on **June 6, 2009**
 to **June 7, 2009**. Which tournament is sanctioned by the USSSA and hosted by Expressway Park, Inc. In
 consideration of the acceptance by the USSSA and Expressway Park, Inc. of our application to participate in said
 tournament I do hereby release and forever discharge the USSSA and Expressway Park, Inc. of and from all
 liabilities, claims actions, and possible causes of actions whatsoever that may accrue including death, that may be
 sustained by 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 it's manager hereby voluntarily assumes all risks from accident or
 damage to person or property and hereby releases the USSSA and Expressway Park. Inc. from every claim,
 liability, or demand of any kind for or on account of any personal injury or damage of any kind sustained or caused
 by the negligence of the USSSA, Expressway Park, Inc., or its sponsors or otherwise.

I HAVE READ AND UNDERSTAND THE FOREGOING RELEASE.

MANAGER'S SIGNATURE: _____

MANAGER OF _____