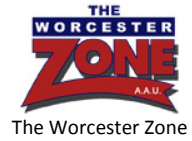




NORTHEAST SELECT BASEBALL PROSPECTS TOURNAMENT



TOURNAMENT PAYMENT VOUCHER

TEAM INFORMATION (AS IT WAS SUBMITTED ON THE ONLINE APPLICATION):

Team Name: _____

Age Division: 16&U 18&U

Baseball Training Facility and/or Organization affiliation (if applicable): _____

HEAD COACH INFORMATION (AS IT WAS SUBMITTED ON THE ONLINE APPLICATION):

Head Coach's Name: _____

Tel. contact (primary): _____

Email: _____

ENTRY FEE: \$975.00 – please make check payable to “The Strike Zone”. Entry application and fee are accepted on a “first-come, first-serve” basis. Therefore, if your team wishes to participate, please submit the entry application and fee at your earliest convenience, as space is limited.

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On behalf of our Team, _____, I hereby apply for entry into the 2016 Northeast Select Baseball Prospects Tournament. We agree to abide by the rules set forth by the Tournament Committee, and by signing below, I certify that our Team and the participating players, representing our Team in the Tournament, are covered by an appropriate, approvable and current liability insurance policy. In consideration of our entry to the Tournament, our Team hereby releases the Northeast Select Baseball Prospects Tournament and any of its directors, officers, coaches, agents, affiliates, sponsors, and associated personnel from liability for injuries sustained by any of our players or coaches during participation in the Tournament. Additionally, our Team will indemnify and hold harmless Northeast Select Baseball Prospects Tournament and its directors, officers, coaches, agents, affiliates, sponsors, and associated personnel from liability as a result of such injuries.

INDIVIDUAL ATTESTING TO AFOREMENTIONED STATEMENTS:

Signature: _____

Print Name: _____

Title: _____

Date: _____

Please mail this form and the tournament fee to The Strike Zone; 10 Mann Street; Worcester, MA 01602. Additional information is available at www.neselectbaseball.com.