



Dodgeville Diamond Club Annual Memorial Day Weekend Softball Tournament

Dodgeville, Wisconsin

Friday, Saturday & Sunday, May 24-26, 2024

10U Tournament

35' - 60' Field Setup

\$400 per team (6 Team/Bracket & Pool) - No Spectator Fees

Awards to first & second place

12U Tournament

40' - 60' Field Setup

\$400 per team (6 Team/Bracket & Pool) - No Spectator Fees

Awards to first & second place

14U Tournament

43' - 60' Field Setup

\$400 per team (6 Team/Bracket & Pool) - No Spectator Fees

Awards to first & second place

Roster Rules:

Age cutoff for each level is January 1st.

Full roster must be provided to the concession stand prior to first game.

Maximum of 15 players per roster.

See full rules for further details.

The Tournament Director reserves the right to re-organize the format or reschedule the tournament if necessary based on late team additions/drops and in the event of inclement weather. Our goal is for every team to play a minimum of three games.

No Carry In's Allowed - There will be a full concession stand available at the ballpark all weekend long.

For more information and for a set of rules visit www.dodgevillediamondclub.com!



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_____ 10 Tournament - \$400/Team

_____ 12U Tournament - \$400/Team

_____ 14U Tournament - \$400/Team

Team Name: _____

Contact/Coaches Name: _____

Address: _____

Phone Number: _____ **Can you receive text updates:** _____

Email: _____

Number of Players: _____

Waiver Consent/Release of Liability

I the undersigned; hereby acknowledge that I am familiar with the risk and dangers inherent in recreational activities. I hereby grant permission for the above stated team to participate in in such activities. I agree to hold the City of Dodgeville, The Dodgeville Diamond Club its officers, volunteers, and employees, both individually and in his or her official capacity, harmless from any liability for injury or damage to person or property as a result of the said activity. We further agree that the person supervising the activity may, without further permission, take whatever step he or she deems necessary in case of injury. Which may include, obtaining emergency medical or dental care and to hold the City of Dodgeville, the Dodgeville Diamond Club, its officers, volunteers, and employees harmless from liability in connection therewith as above specified.

Signature of Coach/Team Rep.: _____ **Date:** _____

Please return this registration along with check payable to "Dodgeville Diamond Club"

Mailing Address: Dodgeville Diamond Club, PO Box 301, Dodgeville, WI 53533

First pay/first entered. Confirmation of your entry will be posted on our website (team listing).

For more information please email: DodgevilleDiamondClub@gmail.com