



# DEERFIELD YOUTH BASEBALL

## Deerfield Days Tournament July 17-19, 2009

Anne Aplin, 3 West Deerfield P.O. Box 404, Deerfield, WI 53531

Phone: 608-764-5935 E-mail: dccathletics@yahoo.com

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The Deerfield Community Center would like to invite teams to participate in our annual Deerfield Days Youth Baseball Tournament. There will be a 9 & 10 year old tourney and an 11 & 12 year old tourney. It will be held on July 17-19 at the Deerfield Community Park. Games on July 17 start at 5:00 p.m. Rain date for the tournament will be July 24-26.

We will limit teams to **LEAGUE-ROSTER BASED** teams only. We are not allowing "all-star" or traveling teams into the tourney. If your team is found ineligible, you will forfeit your games and lose your fee. This is a double-elimination tournament. We will accept up to a total of 16 teams for this tournament.

We will use the official 2009 rules for the Eastern Suburban League. Exception, pitchers may only pitch 2 consecutive innings per game for both leagues. Rules will be mailed or e-mailed to the coach or can be found at [www.Esybl.org](http://www.Esybl.org). Brackets will be mailed before the tourney.

Entry fee is \$100 per team. Individual medals will be handed out to all participants. A team trophy will be presented to the 1<sup>st</sup> and 2<sup>nd</sup> place teams for each division.

**Directions to Deerfield Community Park**-On Hwy 73 just north of Deerfield's downtown, turn east on Industrial Dr. South (D & J Service Center at the corner, ~50 yards south of the Glacial Drumlin Bike Trail). Go ~1/2 mile and park is on the right. Additional parking on the left past the bike trail.

Please complete the following information and return it with your payment to:  
Deerfield Community Center  
Anne Aplin, P.O. Box 404, Deerfield, WI 53531

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Please enclose a check for \$100 payable to DCC by June 5, 2009. Complete the roster info below for your team.

Please circle one

(9-10) American League

(11-12) National League

Team Name: \_\_\_\_\_

League Name \_\_\_\_\_ League Director's Name: \_\_\_\_\_

Head Coach: \_\_\_\_\_ Phone # \_\_\_\_\_

Coach's e-mail address \_\_\_\_\_

Coach's Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Assistant Coaches Names: \_\_\_\_\_

Player's Name & age as of 6/1/09

Player's Name & age as of 6/1/09

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