



# BIG LEAGUE DREAMS MANTECA



## 40 and Over League

*Play in the finest facility in the country*

**REGISTRATION DEADLINE: ONE WEEK BEFORE LEAGUE STARTS**

**Team Registration: \$300 - Player Fee: \$30**

**Minimum 12 players per team roster.**

**SEASON OF 8 LEAGUE GAMES PLUS PLAYOFFS**

**Minimum amount of 4 team's to start season\***

**START DATE FOR NEXT LEAGUE**

**THURSDAY 9/21/17**

**40 AND OVER LEAGUE -**

**COACHES MEETING BEFORE SEASON STARTS IN THE SOUTH STADIUM CLUB  
(REVIEW OF BLD POLICIES AND 40 AND OVER LEAGUE RULES)**

**INDIVIDUALS INTERESTED SHOULD STOP IN THE PRO SHOP OR CALL 209-824-2400**

**SCHEDULES AND STANDINGS AVAILABLE @ [WWW.BIGLEAGUEDREAMS.COM](http://WWW.BIGLEAGUEDREAMS.COM)**



**BIG LEAGUE DREAMS TOKEN POLICY**

There is a \$3.00 token charge upon entry Monday-Thursday for everyone 13 years and older. In return, you will receive a token worth \$1.00 at our Stadium Club Restaurant.

No outside food or beverage is permitted into Big League Dreams Sports Park.

**Big League Dreams Sports Park  
1077 Milo Candini Dr.  
Manteca, Ca 95337**

**For more information call  
Justin at (209) 824-2400 x 105 or Shael x 106**

# 2017 Registration Form

Please print or type information. Please fill out form completely.

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

Night registering for:

Thursday\_\_\_\_\_

Type of team and division of play registering for: MEN'S(M)\_\_\_\_\_

Upper Division (AAA or High AA)\_\_\_\_\_ Middle Division (Lower AA or High A)\_\_\_\_\_ Lower Division (Lower A or Rookie)\_\_\_\_\_

Coach \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Home phone ( ) \_\_\_\_\_

Cell phone ( ) \_\_\_\_\_

E-Mail address \_\_\_\_\_

Assistant Coach \_\_\_\_\_

Home phone ( ) \_\_\_\_\_

Cell phone ( ) \_\_\_\_\_

Other (pager, work) ( ) \_\_\_\_\_

New team \_\_\_\_\_

Last season played at \_\_\_\_\_

<b>BIG LEAGUE DREAMS SPORTSPARK</b> would like to recognize those businesses that sponsor teams. We would appreciate the following information. Thank you for your help!		
Is your team sponsored?	No(N)_____	Partial(P)_____ Full(F)_____
Business Name _____	Contact _____	
Address _____	City _____	Zip _____
Telephone _____		

I, the undersigned, understand that all team fees are due by the registration deadline. I understand that returning teams are aloud to pay a \$100 deposit to hold their spot by the registration deadline date, All new teams must pay the full team fee to be placed on a waiting list. All returning teams only paying a \$100 deposit or more must have their team fee paid in full before their Classification game. Any checks returned unpaid are subject to minimum charge of \$30.00. Players and/or teams will be ineligible for play until the returned check plus the fee has been satisfied. I take full responsibility for the payment of the fees assessed to my team. Also, by signing below, I verify that I have read and understand the Big League Dreams Sports Park Softball Rule Book and agree to abide by it.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## WELCOME TO THE BIG LEAGUES



Special Request: \_\_\_\_\_  
(Special Requests are requests, they may not be honored due to a variety of reasons)