



2019 Tournament Entry Form

(Please print legibly)

Event: _____ Team Name: _____

CO-ED: _____ Baseball: 9u, 10u, 11u, 12u, 13u, 14u

MEN's: _____ Softball: 10u, 12u, 14u, 16u, 18u

Head Coach: _____ Assistant Coach: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Cell Phone Number: _____ Home Phone Number: _____

Email: _____

1. Mail registration form, entry fee, and roster if necessary to Dodge City Legends Park, PO Box 880, Dodge City KS 67801.
2. Entry Deadline is the Friday the week prior to the event, or until the tournament is full.
3. Entry fees must be paid by the Entry Deadline.
4. Games will be played at Legends Park, 600 Ross Blvd. Area fields will be used if necessary.
5. For more information contact Tournament Director at tournamentdirector@dodgecity.org.

Payment Form:

Tournaments Entered (#) _____

Entry Fee(s) Total \$: _____

Total Amount Enclosed \$: _____

Payment Method:

Check #: _____

Cash: _____

Credit Card: Visa/ Mastercard/ Discover

Card #: _____

Name on Card: _____

EXP Date: _____

Dodge City Legends Park
PO Box 880
Dodge City, KS 67801

www.dcleghendspark.com/
michaelha@dodgecity.org