

Charlton Softball Association
2017 10U, 12U, 14U, 16U
Softball Tournaments

**Charlton Wildfire Softball cordially invites you to participate in our 2017
Recreation Softball Tournament.**

Division 10 and under: All players must have been born after Jan.1, 2006

Division 12 and under: All players must have been born after Jan.1, 2004

Division 14 and under: All players must have been born after Jan. 1, 2002

Division 16 and under: All players must have been born after Jan. 1 2000

**** 10U & 12U are C Recreational level tournaments**

**** 14U is a B Recreational level tournaments**

Dates: 10U: June 9th-11th

12U: June 2nd – 4th

14U: May 26th- 28th

16U: TBD

Location: All games played at the Charlton Softball League fields located behind the Library in Charlton Center. **F1** - Allen Field; **F2** - Memorial Field; **F3** - Charlton Middle (If needed)

Fee: \$425.00 – 10U: First games may start Friday at 6:00pm. Draw will determine schedule.

Fee: \$450.00 – 12U: First games may start Friday at 6:00pm. Draw will determine schedule.

Fee: \$475.00 – 14, 16U: First games may start Friday at 6:00pm. Draw will determine schedule.

Teams: Maximum – 12

Team Trophy – 1st place winner

Individual Trophies - 1st & 2nd places

Tournament Pins - All participants.

Format: 3 Game Seeding Round (Friday/Saturday); Single elimination (Sunday)

A complete set of tournament rules and logistics will be posted on the ASA tournament website.

To reserve a spot for your team: please send the check and information page to Charlton Softball Association, PO Box 94, Charlton, MA 01507.

If you have any questions: please call Bob Doiron, Tournament Director at 508-735-4761.

If you are not the correct contact for this tournament, please forward this information to the appropriate person.

(In the event of rain, board members of Charlton Softball Association will make a recommendation to the tournament director as to how best to proceed with the tournament. No refunds will be given. Seeding and elimination game times may be adjusted.)

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Softball Tournament**

Please mark which tournament you plan to participate in:

_____ **10U June 9, 10, 11**
_____ **12U June 2, 3, 4**
_____ **14U May 26, 27, 28**
_____ **16U TBD**

Contact Information:

League Name: _____

Contact Person _____

Phone & Cell # _____

Email address _____

Manager's Name _____

Phone & Cell # _____

Email address _____

Payment Info _____ **Check** _____ **Other**

Comments _____

Please fill out the information and return to Charlton Softball,
PO Box 94, Charlton, MA 01507 as soon as your registration is
approved.