



Baseball Players Association - World Series Official Entry Form
Make sure to review the BPA World Series DOUBLE PLAY to see if you qualify!

Name of Team: _____ Team AGE: _____

BPA Classification: _____ Division: 8u Machine Pitch or 8u Coach Pitch
 (Platinum, Gold or Silver)

Tournament Entering: _____ Location: _____

BPA Sanction Number : _____

City Team is From-City: _____ State: _____

Manager's Name: _____

Manager's Mailing Address: _____

City: _____ ST: _____ Zip: _____

Daytime Phone: (_____) _____ Evening Phone: (_____) _____

Cell Phone: (_____) _____ Fax: (_____) _____

Email: _____ Alternate Email: _____

Secondary Team Contact Name: _____

Day Phone (_____) _____ Evening Phone (_____) _____

Email: _____

Hotel where you are staying: _____ City: _____

Local Phone for Hotel (NOT the 800#): _____ # Rooms Booked: _____

COACH/MANAGER- SUBMIT THE FOLLOWING TO YOUR STATE DIRECTOR By DEADLINE IN PACKET

1. **OFFICIAL ENTRY FORM** – *This Form* - Completely Filled Out
2. Copy of your current **Official BPA ONLINE Youth Roster** - completely filled in, with all REQUIRED INDIVIDUAL signatures
3. Copy of your current **"TEAM INSURANCE CERTIFICATE"**
4. **ENTRY FEE** in the form of Cashier's Check or Money Order payable as specified by your **BPA STATE DIRECTOR**

I understand as Manager of this team that it is MY responsibility to insure that all of the above information meets all deadlines and requirements. I understand that if my deposit or entry is late, incomplete, or missing information, it may be returned. I understand that it is the responsibility of the Coach/Manager and/or Sponsor for knowing the BPA rules and bylaws. *Ignorance of a BPA rule or bylaw does not negate the penalty. Entry in to any BPA tournament constitutes acknowledgement and agreement to all rules and bylaws of BPA, including the refund policy.*

My signature as manager indicates that I am entering the above tournament as a representative of my team. I understand the Tournament MAY BEGIN ON WEDNESDAY, THURSDAY or FRIDAY, and that MY TEAM MAY BE REQUIRED TO PLAY ON WEDNESDAY, THURSDAY or FRIDAY. I understand the requirements for requesting a refund as stated in the BPA Rule Book. No refund of tournament entry fee after the tournament entry deadline.

Manager's Signature: _____ Date: _____

It is the TEAM'S RESPONSIBILITY to submit this form, entry fee, a copy of the team's Official BPA ONLINE Roster, and COPY of Insurance with appropriate fees to YOUR "HOME STATE DIRECTOR" or the Zone Office by the entry deadline listed in the online packet.

STATE DIRECTORS – Verify Information - PLEASE CHECK ENTRY DEADLINES!

This team has qualified for the above tournament, and has participated in my State Tournament. I have verified this team's information, and I am including the appropriate **BPA World Series Entry Form**, the team's **COMPLETED ONLINE BPA ROSTER** with all necessary signatures, **copy of team insurance certificate**, and **correct break down of fees for the above team**. As State Director, **I WILL ENTER THE TEAM IN TO THE BPA ONLINE SYSTEM** making sure they are **ADDED to the APPROPRIATE AGE/DIVISION/LOCATION**. I understand that **NO players will be added to ANY roster at the tournament site, for ANY reason**.

State Director Signature _____ Date _____

Day Phone (_____) _____ Evening Phone (_____) _____