

**SOUTHERN CALIFORNIA A.S.A.**

**PRESENTS**

**16-Under "Hall of Fame Qualifier"**

**June 12-13, 2010**

**Entry Deadline: RECEIVED by Monday May 31, 2010**

ENTRY FEE: \$400.00 (Checks that do not clear the bank will be assessed a \$25 NSF Fee)

ELIGIBILITY: This tournament is open to member teams in good standing with A.S.A.  
Entry fee must submitted with registration form below.

ROSTER: Completed Official A.S.A. Team Roster, signed by the team's Commissioner shall be submitted with proof of age and picture ID, one hour prior to the team's first game of the tournament. You must also bring your National Tournament Entry Form.

DRAW: The Tournament "Draw" To Be Determined

BRACKETS: The tournament bracket will be emailed to you on Monday, June 7<sup>th</sup>

Tournament maps and other tournament information will be mailed when your entry is received.

**For further information, contact Robert Carriedo, Tournament Director @ (619) 994-7386**

**Tournament Refund Policy:** If your team is dropping out of the tournament, you must notify the Tournament Director by Friday, Thursday June 3<sup>rd</sup>, 2010 to be eligible for a refund.

To request a refund, submit the "Refund Request Form" to Robert Carriedo no later than June 3, 2010

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Tear Off At Dotted Line And Return Bottom Portion

**16-U "Hall of Fame Qualifier" \* June 12-13, 2010**

**TOURNAMENT ENTRY FORM**

Enclose this form with your check or money order **made payable to So Cal A.S.A.**

TEAM NAME \_\_\_\_\_ MANAGER \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE (Day)\_(\_\_\_\_\_)\_\_\_\_\_ (Evening) (\_\_\_\_\_)\_\_\_\_\_

CELL PHONE (\_\_\_\_\_)\_\_\_\_\_ FAX (\_\_\_\_\_)\_\_\_\_\_

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

MAIL ENTRY FORM AND CHECK TO:

**Robert Carriedo**  
1837 Port Renwick  
Chula Vista, CA 91913