

2008



Presented By:



"One Day Wonders"
Fall Super Saver Tournaments
September 13, 20 & 27

"One Day Wonders"

Super Saver Baseball Tournaments

- Entry Fee:** 10U-15U: \$160.00
- Gate Fee:** Each team is responsible for paying a \$75.00 team gate fee to the host association prior to playing their first tournament game.
- Format:** 3-game guarantee; 4 inning games with a one hour and fifteen minute time limit.
- Rules:** *A complete list of rules will be available at www.myas.org.*
- Game Balls:** Two Diamond baseballs will be provided for all games
- Awards:** Champion & Runner-Up: Team and individual awards
- Teams:** The age determining date will be May 1, 2009. This is open to any team with rostered players eligible to compete at their specific age level based on the determining date. We have spots for a minimum of four teams per division. We are taking applications on a first come, first served basis.

<u>Age/Division</u>	<u>Dates</u>	<u>Entry Deadline</u>	<u>Site/Host</u>
10U & 11U	September 13, 2008	September 4, 2008	Roseville
12U & 13U	September 20, 2008	September 11, 2008	Brooklyn Park
14U & 15U	September 27, 2008	September 18, 2008	Blaine



Minnesota Youth
MYAS
Athletic Services

2008 FALL SUPER SAVERS

Dear Coach/Manager:

These tournaments, which are referred to as “one-day wonders”, allow you, the coach, to put your team in a game situation with a relaxed atmosphere. These one hour and 15 minute timed games give you a chance to also put your team in situational settings that will allow you to teach the fundamentals of the game during the fall season. This allows you to get more games in during the fall before the “snow flies”.

A \$75 team gate fee must be paid to the tournament host before the tournament begins. There will be no on-site admission fee charged at this tournament.

Make checks payable to: MYAS

**MYAS
4111 Central Avenue NE, Suite 208
Columbia Heights, Minnesota 55421**

Please do NOT staple payment to this form



PLEASE TYPE OR NEATLY PRINT ALL INFORMATION

Age: _____ & Under

Division: _____

OPEN

Team Name or Community: _____

Head Coach's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

H Phone:(_____) _____ W Phone:(_____) _____

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

E-Mail: _____

Asst. Coach's Name: _____

H Phone: (_____) _____ W Phone: (_____) _____

The MYAS uses CheckMate verification and recovery services. If your check is returned, the maximum penalty will be assessed according to Minnesota state law.

No refunds will be issued after a tournament's entry deadline.

Minnesota Youth Athletic Services
4111 Central Avenue NE, Suite 208
Columbia Heights, MN 55421
www.myas.org

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