

Great Lakes Baseball League

7575 Tyler Blvd.
Suite C-18
Mentor, OH 44060
440.954.9400
440.796.1515

hoschip@glbl.org
www.glbl.org



Dear Coaches,

The Great Lakes Baseball League will be holding their **8th Annual CABA/Nations Baseball World Series Qualifier - Memorial Day Tournament** Friday, May 28th thru Monday, May 31st, 2010. Games will be held at Garfield Park and Civic Center in Mentor, Lake Metro Parks at Painesville Township Park in Painesville Twp and Painesville Recreation Park in Painesville. We may use other sites and venues throughout Lake County. Part of the proceeds will benefit Lakes Metro Parks, whose mission is to bring youth baseball back to Painesville Township. A full menu concession stand will be available in Mentor& Painesville.

<u>Division</u>	<u>Ages</u>	<u>Fees</u>
MM Coach Pitch	8 & under	\$375.00
MM Player Pitch	8 & under	\$400.00
Minor	9 & under	\$425.00
Minor	10 & under	\$425.00
Major	11 & under	\$425.00
Major	12 & under	\$425.00
Pony Division	13 & under	\$425.00
Pony Division 54 x 80	14 & under	\$425.00
High School 60 x 90	14 & under	\$450.00
High School	15 & under	\$450.00
High School	16 & under	\$450.00
High School	17 & Under	\$450.00
High School	18 & Under	\$450.00

The format will be a flight tournament with a 3 game guarantee. Divisions will be limited to 12 - 16 teams per division. There is no room for expansion, so please register early to secure a spot.

ROSTER MUST BE POSTED ON-LINE AT NATIONS BASEBALL: www.nations-baseball.com

Mail completed form with payment to: Great Lakes Baseball League
7575 Tyler Blvd. - Suite C - 18
Mentor, OH 44060

For more information contact: Harry Oschip
hoschip@glbl.org
440.954.9400 - office
440.796.1515 - cell

Rules & Maps will be posted at www.glbl.org ...

Schedules will be posted 3 Days before Tournament Start Date.

GLBL reserves the right to modify tournament format if number of teams participating is lower than expected.

Participants will be notified accordingly. Teams must be able to provide birth certificates upon request.

Teams must carry own insurance. Your payment in full is acceptance of these terms.

Great Lakes Baseball League
CABA/Nations World Series Qualifier
2010 Memorial Day Tournament
 {Please print, complete & mail – One Entry Per Team}

TEAM NAME: _____ AGE _____

* NATIONS TEAM REG NUMBER _____
 {REQUIRED OR FORM BELOW}

* CABA TEAM REG NUMBER _____
 {REQUIRED OR FORM BELOW}

MANAGER NAME _____

ADDRESS _____

CITY STATE _____ ZIP _____

HOME PHONE # _____

OFFICE PHONE # _____

CELL PHONE # _____

EMAIL ADDRESS: _____

COACH: _____

HOME/OFFICE/CELL # _____

E-MAIL ADDRESS _____

MIGHTY – MITE ____ **8 Division Coach Pitch** @ **\$375.00** _____

MIGHTY – MITE ____ **8 Division Player Pitch** @ **\$400.00** _____

MINOR ____ **9 Division** ____ **10 Division** @ **\$425.00** _____

MAJOR ____ **11 Division** ____ **12 Division** @ **\$425.00** _____

PONY ____ **13 Division** ____ **14 Division {54 x 80}** @ **\$425.00** _____

HS ____ **14 Div {60 x 90}** ____ **15 Div** ____ **16 Div** @ **\$450.00** _____

____ **17 Div** ____ **18 Div** @ **\$450.00** _____

{ Please submit Check and complete Nations Team Reg Form}*

{ Please add \$25.00 and complete CABA Team Reg Form }* **TOTAL \$** _____

SCHEDULING PREFERENCES: {Please list & detail days & times you prefer to play}....

Mail To: GLBL
C/o Harry Oschip
7575 Tyler Blvd. Suite C- 18
Mentor, OH 44060

2010 NATIONS BASEBALL ENTRY FORM

{Nations Baseball Season Starts August 1st, 2009 and concludes July 31st, 2010}

COMPLETE THIS FORM AND SEND IT TO THE ADDRESS BELOW

TEAM NAME: _____

MANAGER: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ COUNTY: _____

DAYTIME PHONE: _____

EVENING PHONE: _____

CELL: _____

* E-MAIL: _____ {required}

* {NOTE: Your Nations Registration Number will be emailed to this address}

TOURNAMENT or LEAGUE: _____ {please specify}

AGE LEVEL: _____ CLASSIFICATION: Circle One (Premier Elite Select Metro)

Complete and Send with Correct Registration Fee To:

Harry Oschip
Nations Northeast Ohio
Great Lakes Baseball League
7575 Tyler Blvd. Suite C-18
Mentor, OH 44060
440-954-9400

hoschip@glbl.org

www.glbl.org

CLASSIFICATION OPTIONS:

PREMIER: Teams that are Academies, Club, Select, or Travel Teams with Players from multiple High School Districts. Teams that are well established and finish in the top half of their respective leagues. These Teams can be from the same community.

ELITE: Teams must be made up of players consisting of 75% of its players from one school district. These are Teams that cannot compete with the Premier Teams. Teams that fit this criteria may be re-classified to Premier or Select by your Area Director at any time.

SELECT: Teams must be made up of 100% of their players from one School District. This is for Community Teams only. No outside players are permitted. A roster of players, with addresses, phone numbers and High School District must be included or the team WILL NOT be allowed to participate in a Nations Ohio Tournament.

METRO: Teams that play in a Recreational League

NATIONS BASEBALL FEES 2010

\$140 Team Registration and Insurance from 01-01-10 thru 12-31-10

\$125 Team Registration and Insurance from 01-01-10 thru 07-31-10

\$ 70 Team Registration and Insurance – METRO TEAMS ONLY

\$ 50 Team Registration and Insurance for 1 Weekend Tournament Event

\$ 45 Team Registration without any Insurance *

{* You must Provide a Copy of Your Insurance Policy electronically and Your Certificate must be validated and approved by Chappell Insurance, Nations Baseball Insurance Provider}

For All Insurance Inquiries:

CHAPPELL INSURANCE AGENCY, INC.
25807-A COX ROAD
PETERSBURG, VA 23803

TELEPHONE: (804) 733-2020

(800) 447-6797

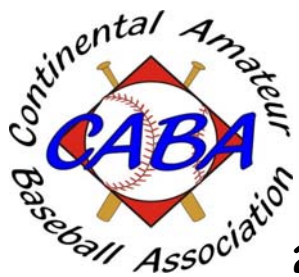
FAX: (804) 733-2968

EMAIL: RICHARD@CHAPPELLINSURANCE.COM

DEBBIE@CHAPPELLINSURANCE.COM

SUPPORT@CHAPPELLINSURANCE.COM





2010 CABA BASEBALL ENTRY FORM

COMPLETE THIS FORM AND SEND IT TO THE ADDRESS BELOW

TEAM NAME: _____

MANAGER: _____

ADDRESS: _____

CITY: _____ STATE: ____ ZIP: _____ COUNTY: _____

DAYTIME PHONE: _____

EVENING PHONE: _____

CELL: _____

* E-MAIL: _____ {required}

* {NOTE: Your CABA Registration Number will be emailed to this address}

TOURNAMENT or LEAGUE: _____ {please specify}

AGE LEVEL: _____

Complete and Send with \$25.00 Registration Fee To:

**Harry Oschip
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