



# 10<sup>th</sup> Annual New Berlin Heat Youth Baseball Tournament

**WHEN:** July 24<sup>th</sup> & 25<sup>th</sup>

**ENTRY FEE:** \$325<sup>1</sup>

Please send check, payable to **New Berlin Heat**, along with the attached registration form to:

Mark Sowinski, Tournament Director  
5880 S. Dunvegan Dr.  
New Berlin, WI 53151

**SPECTATOR FEE:** None

**AGE GROUPS:** Boys U9, U10, U11, U12, U13 & U14    Age cut-off: May 1<sup>st</sup>

**ENTRY DEADLINE:** June 30 (or first 8 teams per age group to register)

**LOCATION:** New Berlin Wisconsin (actual field locations provided later)

**FORMAT:** Pool play – 3 game guarantee  
4<sup>th</sup> game possible for top 4 teams in each age group

8 teams in each Age Group

**AWARDS:** First and second place for each age group

**ELIGIBILITY:** Single community teams only (no **area** all-star teams)

**CONCESSIONS:** Provided by the host. **Please no carry-ins of food or beverage.**

**QUESTIONS:** Contact Mark Sowinski at 262-679-1152-0159 or better yet e-mail to [NBHeattourney@hotmail.com](mailto:NBHeattourney@hotmail.com)

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<sup>1</sup> Refunds due to inclement weather made only after all tournament expenses are covered. No refund after tournament has started.



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Team Name: \_\_\_\_\_

Age Group:    U9        U10        U11        U12        U13        U14

Coach: \_\_\_\_\_

Contact (if different than coach): \_\_\_\_\_

Contact Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact Home Phone: \_\_\_\_\_

Contact Cell Phone: \_\_\_\_\_

Contact E-Mail: \_\_\_\_\_

Make check payable to: **New Berlin Heat**

Mail check and this form to:        Mark Sowinski, Tournament Director  
5880 S. Dunvegan Dr.  
New Berlin, WI 53151



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Parents/guardians are to **print** the child's name and sign on the same line indicating permission for the child to participate in the New Berlin Heat Youth Baseball Tournament. By signing the parent/guardian agrees that the New Berlin Heat, the New Berlin Athletic Association, the City of New Berlin, or anyone else associated with the tournament shall NOT be responsible or held liable for any accidents, medical, dental or other injuries that result from participation or attendance at the tournament.

	<b>Player Name</b>	<b>Parent/Guardian Signature</b>	<b>Date</b>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____
11.	_____	_____	_____
12.	_____	_____	_____
13.	_____	_____	_____
14.	_____	_____	_____
15.	_____	_____	_____
16.	_____	_____	_____
17.	_____	_____	_____
18.	_____	_____	_____

**Team Name:** \_\_\_\_\_

**Coach:** \_\_\_\_\_

**Age Group:**      U9      U10      U11      U12      U13      U14

**Please present this form to the NBAA Field Coordinator or a volunteer at the concession stand prior to your first game.**