

## 8th Annual Best of the West NIT Entry Form

Print this form and return it with your entry fee to:

Virginia USSSA  
4137 Tanner Slip Circle  
Chester, VA 23831

**Questions: 804-731-3854 or rcarlyle@vausssa.com**

Use this entry form to enter your team into the Best of the West Memorial Day NIT Tournament in Salem, Virginia on May 27-29, 2011. All teams must be registered with USSSA to participate. If your team is not registered with USSSA, contact your local area director. If you have questions, please call Rich Carlyle at 804-731-3854. You may register your team online at [www.ussa.com](http://www.ussa.com)

**The Tournament Details:**

6 Game Guarantee (4 game bracket play feeding into double elimination)

Entry Fee: \$350

Entry Deadline: May 24, 2011 (10:00pm)

Divisions of Play: Men's B/C, D, E and Women's Comp & Rec

NOTE: Rosters must be online to enter this tournament

**Refund and Withdrawal Policy:** No team will be considered entered into the tournament until their entry fee is received. Any team that withdraws from the tournament after the May 25th deadline is obligated for the entry fee. Failure to pay an entry fee upon withdrawing after the deadline will result in the team's immediate suspension from playing with Virginia USSSA.

**RAIN POLICY:** If inclement weather causes a cancellation of the entire tournament before it starts, teams will receive a full refund. If inclement weather causes cancellation while the tournament is in progress, teams will receive a refund based on the number of games they were able to complete.

**Returned or canceled checks:** Team will be assessed a \$30 penalty and the team will be considered suspended until payment is made.

**Illegal withdrawal, tournament no shows, and canceled checks will result in forfeiture of all berths awarded.**

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

Team Registration Number: \_\_\_\_\_

Team's Home City and State: \_\_\_\_\_

Division of Play Requested: (check one) Men's B/C \_\_\_\_\_ D \_\_\_\_\_ E \_\_\_\_\_  
Women's Comp \_\_\_\_\_ Rec \_\_\_\_\_

Manager's  
Name: \_\_\_\_\_

Manager's  
Phone: \_\_\_\_\_

Manager's  
Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Manager's  
email: \_\_\_\_\_

Entry Fee: \$350

Make all checks payable to: Virginia USSSA

Amount Enclosed: \_\_\_\_\_

Send to: Virginia USSSA  
4137 Tanner Slip Circle  
Chester, VA 23831