

# Jared Coones

## Memorial Pumpkin 5K Run/Walk



### Jared Coones Memorial Softball Tournament

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

Men's Team

Co-Ed Team

Homerun Bands: \_\_\_\_\_

Captain's Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

#### **PAYMENT AND REGISTRATION**

Send completed form to: [info@pumpkinrunwalk.com](mailto:info@pumpkinrunwalk.com)

- The fee is \$350. \$100 deposit to reserve a spot in the tournament. Deposit is non-refundable.
- Checks can be mailed to Jared Coones Memorial Foundation. P.O. Box 3314 Olathe, KS 66213
- Online payment with credit card is available at our website, [www.pumpkinrunwalk.org](http://www.pumpkinrunwalk.org)
- Homerun Bands can be purchased for an additional \$10 each. Maximum is 3 per team.  
(Note: Coed teams require one female to be banded.)

**Registration Deadline is April 30th.**

#### **TOURNAMENT INFO**

- Tournament to be held at Rogers Sports Park, 2150 N. Dixieland Rd. Rodgers, AR 72756 from May 31<sup>ST</sup> - June 1<sup>ST</sup>
- Opening ceremony will begin at 8:00am
- Games will be conducted using USSSA rules
- Co-ed teams are required to play a minimum of 4 female players. (Co-ed teams with banded players require at least 1 banded female player)
- Teams are required to turn in a roster of no more than 15 players (ages 18+) & a signed Waiver and Release of Liability Form prior to the first game.

#### **VOLUNTEERS NEEDED**

If you are interested in helping during the tournament, whether it is as an umpire, scorekeeper or just an overall assistant, please contact us via email or phone.

**For more information or for tournament/volunteer registration, please contact:**

Daniel Wheeler at 479-387-7839

[fresherstart2330@gmail.com](mailto:fresherstart2330@gmail.com)

Or Tom Coones at 913-660-6208

[Tom@pumpkinrunwalk.com](mailto:Tom@pumpkinrunwalk.com)

More details and updates at [www.pumpkinrunwalk.org](http://www.pumpkinrunwalk.org)

# ADULT SOFTBALL TEAM REGISTRATION AND ROSTER FORM

HR  
BAND

|     | Player name | DOB | Email | Address |  |
|-----|-------------|-----|-------|---------|--|
| 1.  |             |     |       |         |  |
| 2.  |             |     |       |         |  |
| 3.  |             |     |       |         |  |
| 4.  |             |     |       |         |  |
| 5.  |             |     |       |         |  |
| 6.  |             |     |       |         |  |
| 7.  |             |     |       |         |  |
| 8.  |             |     |       |         |  |
| 9.  |             |     |       |         |  |
| 10. |             |     |       |         |  |
| 11. |             |     |       |         |  |
| 12. |             |     |       |         |  |
| 13. |             |     |       |         |  |
| 14. |             |     |       |         |  |
| 15. |             |     |       |         |  |