**2017 MERCER COUNTY SOFTBALL TOURNAMENT**

Mon. May 1st CUT-OFF DATE: Games played through this date count on your record.

Seeding will be by won/loss record.

Tues. May 2nd ALL FORMS DUE BY 10 AM:

I would prefer if the forms were returned via email – just type in the information

Email: fkowal@ewingboe.org

1. Roster form
2. Umpires list
3. Entry forms

Thurs. May 4th Play-in Game(s) if needed

Tues. May 9th PRELIMINARY ROUNDS – Played at Home site of the higher seed on or before 5/9.

 (Rain date: Wednesday May 10th)

Thurs. May 11th QUARTER ROUND – Played at Armstrong Complex (Antheil School)

 (Rain date – Friday, May 12th)

 GAME FIELD TIME

 Highest Seed 1 4:00 PM

 2nd Highest 2 4:00 PM

 3rd Highest 3 4:00 PM

 4th Highest 4 4:00 PM

Mon. May 15th SEMI-FINAL ROUND – Played at lighted fields @ Armstrong Complex

 GAME FIELD TIME

 Q 1 7:00 PM Highest Seed Remaining vs. Bracket Winner

 R 2 7:00 PM Bracket Winner vs. Bracket Winner

Wed. May 17th – CHAMPIONSHIP FINAL - Played at lighted fields @ Armstrong Complex GAME FIELD TIME

 G 1 7:00 PM Q Winner vs. R Winner

GENERAL TOURNAMENT INFORMATION:

1. All NJSIAA rules will be enforced, including the 10 run rule.
2. Schools with 3 or more disqualifications will be ineligible to participate as per NJSIAA/MCTA rules
3. All umpires will be assigned by Rich Kane
4. Each school must provide a security representative at all games in the tournament. Please forward that person’s name and phone # to Bud
5. Each school will provide four new softballs for each game in the tournament. (Optic yellow is preferred.)
6. Participating teams must clear tournament dates from their Master schedule of school activities.
7. Games called before becoming official will be played in their entirety, with no change of home team.
8. Ground rules are book rules for an enclosed park for the last three rounds. Games played on open fields in the preliminary round will have ground rules discussed during the pre-game conference.
9. Teams must arrive already dressed – there will be no changing areas available.

 10. ONLY game personnel are allowed in the dugouts.

 11. Home team will be the higher seed in all games including the Championship Final \*

 \* Note – This is a change from previous years.

**MERCER COUNTY SOFTBALL TOURNAMENT**

**2017**

**OFFICIAL ENTRY FORM – Please type information in/click the box and save as your school name**

Team:       Date:

School

List all games up to and including the cut off date as indicated on the official instruction sheet.

1. All games count through Monday, May 1, 2017.

2. Forms must be submitted by 10:00 AM, Tuesday, May 2, 2017, to Bud Kowal at Ewing High School

Email: fkowal@ewingboe.org

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Date | Score We | Score They | Opponent | \*Group | Won | Lost | Tie |
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RECAPITULATION: WON:       LOST:       TIE:       PCT:

The above information must include your complete season record through the cut off date. It is also understood that this tournament is being run in conjunction with the rules that govern NJSIAA Tournament play where applicable.

Head Coach:

Athletic Director:

**MERCER COUNTY TOURNAMENT ASSOCIATION**

**SOFTBALL**

To assist the Tournament Committee in selecting officials for the Mercer County Tournament, we submit the following list of umpires, ranked with #1 being our most preferred. Please list at least 10 umpires in order of preference. This year we will have 4 umpires for the semi-final and Championship games.

HIGH SCHOOL :

ADDRESS:

PREFERRED UMPIRES

1.       8

2.      9.

3.      10.

4.      11.

5      12.

6.      13.

7.      14.

 15.

Note: On the above list it is permissible for a school to list officials who have an affiliation with that school, i.e. faculty member, parent, etc. This is done in order to get a fair overall rating of all officials. However, PLEASE CIRCLE the number next to the name of the official who fits into the above category so that the official will not be assigned to your school’s games.

 (SIGNED)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ATHLETIC DIRECTOR

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_HEAD COACH

PLEASE RETURN TO THE TOUNAMENT DIRECTOR BY THE DATE REQUESTED!

**School Name:**

**School Mascot:**

**Varsity Softball Roster**

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| --- | --- | --- | --- |
| Number | **Name** | Position | **Grade** |
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| **Head Coach**  |  |  |  |
| **Assistants**  |  |  |  |
| **Athletic Trainer**  |  |  |  |
| **Athletic Director**  |  |  |  |
| **Principal**  |  |  |  |
| **Superintendent**  |  |  |  |