

# Sports

Gold Medal Tournament July 19-23, 2023 | Registration

### Registration Deadline

**Monday, July 3**

Return this form along with fees.  
Teams are taken on a first-come, first-served basis.

### Entry Fee

Fee is per team. After 4/24/2023

#### Baseball

- 9U (\$500) - 26646
- 10U (\$500) - 26646
- 11U (\$500) - 26646
- 12U (\$500) - 26646
- 14U (\$500) - 26646

#### Softball

- 10U (\$500) - 26648
- 12U (\$500) - 26649
- 14U (\$500) - 26650



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

Manager \_\_\_\_\_

Address \_\_\_\_\_

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

Cell Phone \_\_\_\_\_ Add'l Phone \_\_\_\_\_

Email \_\_\_\_\_ Birthdate \_\_\_\_\_

How did you hear about this tournament? \_\_\_\_\_

Have you seen any of our ads?  Yes  No

#### RETURN REGISTRATION WITH FEE TO:

Carol Stream Park District  
Attention: Michaela Vasalos  
849 W. Lies Road  
Carol Stream, IL 60188

#### TOURNAMENT CONTACT

Michaela Vasalos  
630-784-6189  
[michaelav@csparks.org](mailto:michaelav@csparks.org)

#### SOFTBALL

Tournament for Carol Stream Park District 10U, 12U, and 14U age groups in-house tournament teams. (No travel teams: all participants must actively participate in an in-house league.) Bracket based on age as of 12/31/2023. Minimum four teams in each age group.

#### BASEBALL

Tournament for Carol Stream Park District 9, 10, 11, 12, and 14 age groups in-house tournament teams. (No travel teams: all participants must actively participate in an in-house league. Bracket based on age as of 4/30/2023.

Large groups may be divided into different division (see rules for specifics). Three-game guarantee (weather permitting). Maximum roster 15 players. Team roster form/player birth certificates required. Rules, roster, map and schedule posted on: [csparks.org](http://csparks.org).

To maintain your financial safety, do not write your credit card number on this form. If this form is submitted by mail, the Registration Team will contact you to process your credit card transaction. This registration is not complete until full payment is received.

- Cash  Credit Card  Check Enclosed  
*Call if paying by credit card. Payable to Carol Stream Park District.*

**Signature**

**Date** MM/DD/YY

INTERNAL USE ONLY

STAFF INITIAL

DATE MM/DD/YY