



# Omega Delta Baseball Classic

## 2019 Application



Park/League \_\_\_\_\_

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

Contact Name \_\_\_\_\_

Address \_\_\_\_\_

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

Cellular Phone \_\_\_\_\_

Email \_\_\_\_\_

Select :      Baseball      8U      10U      12U

- Individual Championship and 2<sup>nd</sup> Place trophies awarded and MVP medals for each game
- Age Cutoff Date: May 1<sup>st</sup>
- 3 game minimum Pool Play with Best of 3 Championship Series
- Maximum 13 player roster
- Certificate of Team Insurance and team roster required prior to the start of the tournament  
(Birth certificates should be available upon request)
- 8 Teams max per division (IN-HOUSE All Star teams only, No full or part-time travel teams)
- All entries will be awarded on a first come, first served basis
- **\$250** Registration fee (fee increases to \$350 after the registration deadline)
- Registration Deadline:      **July 8, 2019**
- Make Checks Payable to:      Omega Delta Youth Baseball League  
c/o Daniel Gaichas  
3429 S. Leavitt  
Chicago, IL 60608

\$25 Penalty for returned checks or NSF transactions plus bank fees

For More information contact:

Daniel Gaichas  
Call or text (773) 851-2213  
dgaichas@kemper.com



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## 2019 Team Roster



Park/Team \_\_\_\_\_

Manager \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

	<u>Name</u>	<u>D.O.B.</u>	<u>Nickname</u>	<u>Favorite Player</u>	<u>Favorite Food</u>
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

Rosters are final once submitted. No changes will be accepted.

Coach \_\_\_\_\_ Coach \_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_