

2012 REGISTRATION

(subject to change)

This is your *invitation* to register for the summer of 2012 to experience and play baseball in the legendary home of baseball.

Total All Inclusive Package per player/coach as stated below (*minimum team requirement 11 players and 2 coaches*).

- One CDP approved umpire is *required* per team (umpire stays FREE).
- Scheduled bus shuttle provided to and from Cooperstown for all guests.

Total Package Includes:

The team will also receive a hanging bat bag, scorebook, lineup cards, attaché case and ball bucket.

All Inclusive (\$795 per player/coach)

- Meals and Accommodations
- Player Home and Away Uniform (hat, jerseys, and socks)
- Player Warm-up Set (tournament & mock Ts, batting practice jacket and hat)
- Coaches Gear (hat, 2 polos, pullover and jacket)
- Secondary Insurance (team coverage)
- Laundry Service (Sunday thru Wednesday)
- 7 Games Guaranteed (weather permitting)
- Personalized Player Baseball Cards
- Induction into the American Youth Baseball Hall of Fame
- American Youth Baseball Hall of Fame Tournament Ring
- DVD of Team Webcast Game and Weekly Highlights (in the event of weather or technology issues - Highlights only)
- Ticket to the National Baseball Hall of Fame
- Pass to Ride the Cooperstown / Charlotte Valley Railroad

Cooperstown Dreams Park Entrance Fee Schedule

(All fees are non-refundable after November 1, 2011)

With Registration Form*

November 1, 2011

March 1, 2012

\$ 1,000 Deposit (registers team)

\$ 2,000 Second Installment (required if team is placed in a week)

Final balance due (guarantees team placement)

*When your registration form and deposit are received, you will be sent a confirmation of deposit letter. Written notification of your team's status, placement for specific weeks or waiting list placement letters will be mailed after October 1, 2011.

Please indicate preferred weeks, with 1 being your first choice. Only indicate weeks of play that your team can participate.

____ June 2 thru June 8
____ June 9 thru June 15
____ June 16 thru June 22
____ June 23 thru June 29
____ June 30 thru July 6
____ July 7 thru July 13
____ July 14 thru July 20

____ July 21 thru July 27
____ July 28 thru August 3
____ August 4 thru August 10
____ August 11 thru August 17
____ August 18 thru August 24 (N.A.T.C. – “Players’ Showcase”)
____ August 25 thru August 31 (A.Y.B.H.O.F. – “Cooperstown Classic”)

Team Contact Person: _____ E-mail Address: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Home Phone Number: _____ Cell Phone Number: _____

Office Phone Number: _____ Fax Number: _____

Team Name: _____ Team City: _____

Returning Team/Organization Yes: ___ No: ___ If yes, what year: _____

Please attach 2012 Grandfather Certificate if applicable.

Head Coach/Manager: _____

All payments must be in the form of a **CASHIER'S CHECK** or **U.S. MONEY ORDER ONLY!**

Make payable and send to: **Cooperstown Dreams Park 330 South Main Street, Salisbury, NC 28144**

Phone: (704) 630-0050 Fax: (704) 630-0737 Web Site: www.cooperstowndreamspark.com

Cooperstown Dreams Park reserves the right, at any time, to cancel a team's registration or placement and refund all deposit(s). In addition, failure to comply with Dreams Park requirements, policies or deadlines will also cause cancellation of a team's registration or placement. The team contact is the only person eligible to discuss and/or change team information.