

2016 AABA KYTE MONROE FALL BASEBALL LEAGUE REGISTRATION FORM

*\$1400.00 Registration fee includes the following:
(\$1000.00 for 8u-10u divisions)*

- A fall league that really matters. Scores and Standings will be kept. Teams will qualify for tournaments including CABA World Series and Super Regionals.
- Guaranteed 10 games. Two games each Saturday beginning on August 27, 2016. **NO games Labor Day weekend.** Games will be back to back double headers as long as we have 6 teams in a division. All games played at Kyte Monroe. Only site in Macomb County that has a full time grounds crew. 100% of all AABA scheduled games have been played since 2005.
- Team Insurance thru K&K Insurance. This includes full \$2,000,000 Liability and secondary health coverage. If your team does not have a current policy, sign up for the policy that will run from August 26, 2016 thru July 31, 2017. If you have a valid insurance policy, please submit a copy of it with your registration and your new policy will be effective Jan. 1, 2017 thru Dec. 31, 2017. Insurance is valid with all national organizations and other league play including USSSA and AABC. Get an additional insured certificate in minutes not days.
- 12 Fall Ball T-shirts. T-shirts for extra players and/or coaches please add \$10.00 per shirt.
- High quality game balls provided for all games.
- Umpire fees paid. Two umpires for all age divisions 11u and up. One umpire on 8u-10u divisions.
- Includes gate fees and field rental fees. Awards for league champions
- Professional directors on site. Directors have been running leagues and tournaments for the past 19 yrs
- No drop dead time limits. You will get a chance to finish your inning.
- Your own team pages through Nations Baseball or CABA Baseball.
- Membership with CABA Baseball for 2017 season
- Membership with Nations Baseball Sept. 1, 2016 thru August 31, 2017.
- 14u through high school divisions will be wood bat. 8u through 13u will be aluminum bat with no restrictions.
- Directors are readily available. Mark 586-781-6575 or Gerrit 586-438-0050 website:www.aababaseball.com emails: aababaseball@gmail.com or aaba@comcast.net or gkhut12@yahoo.com

Make checks payable to: AABA and mail entry fee and form to:
AABA 7194 Augusta Drive Washington, MI 48094

REGISTRATION FORM

Team Name: _____ Age Division for **2017**: _____

Insurance effective dates: _____ Aug.1, 2016 – Aug. 1, 2017 OR _____ Jan. 1, 2017 – Dec. 31, 2017

(If you choose to delay your insurance, you must send a copy of your current insurance certificate w/registration naming the All American Baseball Association and the City of St. Clair Shores as additional insureds).

Manager's Name: _____ Home Phone: (____) _____

Manager's Work Phone: (____) _____ Manager's Cell or alt. Phone: (____) _____

Address: _____ City: _____ Zip: _____

Manager's Email: _____ alt. Email: _____

Asst. Coach Name: _____ Home Phone (____) _____

Asst. Coach Email: _____ Asst. Coach Cell or alt. Phone: (____) _____

Homecoming Saturday Date(s) for 14u-18u Required:
