

New Jersey State Association of Letter Carriers
32nd Annual Softball Tournament
Bruce Stallworth – Chairman

We are expecting a great turnout this year because of our new **double elimination format** and the change in location. This year's tournament is being played in Central New Jersey on just **one (1) day, Sunday, September 13th, 2009 beginning at 9:00 AM** at Lakewood's Pine Park. The park is located off of County Line Road in Lakewood. The deadline for entries is August 31st. The entry fee is \$150.00 per team. This is a slow pitch tournament and USSSA rules will apply with some modifications:

NEW DOUBLE ELIMINATION FORMAT

- ☐ All roster and fees must be handed in by August 31st.
- ☐ Rosters must be certified by the branch President or Secretary and should include the manager's phone number.
- ☐ The Tournament is open to all Postal employees who belong to a Postal Union.
- ☐ Catcher's mask will be required for this tournament and must be supplied by each team.
- ☐ Branches that cannot field a team may join with another that is not already participating in the Tournament. Call Bruce at (732) 363-1726 if you have a partial team.

Start times and schedules will be posted online at <http://njsalc.com>. It is crucial that we get the team manager's phone number so we can notify him of any cancellations due to weather. As a reminder to all teams; your start time is your forfeit time. The only exception to this rule will be a 15 minute grace period for the first set of games on Sunday. Please arrive at least one half hour prior to your scheduled start time and check in with the committee.

For further information or any questions that you may have concerning the tournament, you may contact Bruce at (732) 363-1726.

Entry forms are available on the web at <http://njsalc.com>

Send roster and entry fee checks made payable to:
Bruce Stallworth, NALC
PO BOX 7001
Freehold, NJ 07778

2009 Tournament Committee
Bruce Stallworth – Chairman
Keith Hemmings, Sr.
Richard O'Connell, Jr.

**New Jersey State Association of Letter Carriers
32nd Annual Softball Tournament
Team Entry Form**

NALC Branch Number _____

Branch City _____

Address _____

Team Captain's Name _____

Branch Phone () _____ - _____ Capt. Phone () _____ - _____

*** PLEASE LIST NUMBER IN CASE WE NEED TO
CONTACT YOUR BRANCH ON SUNDAY ***

ROSTER

- | | |
|-----------|-----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | 6. _____ |
| 7. _____ | 8. _____ |
| 9. _____ | 10. _____ |
| 11. _____ | 12. _____ |
| 13. _____ | 14. _____ |
| 15. _____ | 16. _____ |
| 17. _____ | 18. _____ |

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