

# Jennie Finch's Aces Invitational Softball Tournament



**Oct 10<sup>th</sup>-11<sup>th</sup>, 2009**  
**10U, 12U, 14U**

- 4 Game Guarantee
- 10U Pitches from 35ft.
- 12U & 14U from 40ft.
- Jennie Finch Presenting a Pitching Program
- Autographed Jennie Finch Souvenir



*Jennie Finch*  
#27

**Oct 17<sup>th</sup>-18<sup>th</sup>, 2009**  
**16U, 18U**

- 4 Game Guarantee
- 43 ft. Pitching Mounds
- Autographed Jennie Finch Souvenir



**Only \$495 Per Team**

For questions, please contact Kathy Shoemaker  
(908) 284-1778 or shoemaker@diamondnation.com



Home of the  
Jennie Finch  
Softball Academy

- 65-Acre Baseball & Softball Campus
- 250,000 square feet of indoor facilities
- 700,000 square feet of turf fields

**www.DiamondNation.com**

**(908) 284-1778 ✦ 129 River Rd. ✦ Flemington, NJ 08822**



PO Box 372  
 Flemington, NJ 08822  
 Ph: 908-284-1778  
 www.diamonddnation.com

**Team Registration**

**Tournament Name** \_\_\_\_\_

**Age Level:**    10u        12u        14u        16u        18u

**Tournament Date** \_\_\_\_\_

**Fee \$** \_\_\_\_\_ **Confirmation #** \_\_\_\_\_ (online registration only)

**Team Information**

**Credit Card Information**

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

**Name on Credit Card** \_\_\_\_\_

**Team Contact** \_\_\_\_\_

**Card Type** \_\_\_\_\_

**Address** \_\_\_\_\_

**Credit Card Number** \_\_\_\_\_

**City** \_\_\_\_\_

**Expiration Date** \_\_\_\_\_

**State / zip** \_\_\_\_\_

**Security Code** \_\_\_\_\_

**Email** \_\_\_\_\_

**How Did You Hear About Us? (Circle)**

**Cell Phone** \_\_\_\_\_

Cable    Newspaper    Somerset Patriots    HealthQuest    Mailer

**Home Phone** \_\_\_\_\_

Search (i.e. Google, Yahoo)    Phonebook    Website    Leaguelineup.com

Referred By: \_\_\_\_\_ Other \_\_\_\_\_

I, the parent/guardian/coach of the registrant or team, a minor, group of minors, or an adult registrant of legal age, agree that the registrant and I will abide by the rules of Diamond Nation, LLC accepting the registrant for its tournaments, leagues, programs and activities. I hereby release, discharge, and/or otherwise indemnify Diamond Nation LLC, Emerald Sky LLC, Jack Cust Hitting School LLC, its officers, coaches, managers, referees, its affiliated organizations and sponsors, their employees, and associated personnel, including the owners of the fields and facilities utilized by the program, against any claim by or on behalf of the registrant as a result of the registrant's actions. I affirm that the registrant is in sound physical and healthy condition and that the athlete is covered by health accident insurance secured independently. As parent/guardian/coach or the registrant, I hereby give my permission for the participant of the program to be transported for emergency medical care. I hereby authorize consent for emergency medical care prescribed by a duly licensed Doctor or Medicine or Doctor of Dentistry. This care may be given under whatever conditions necessary to preserve life, limb, or well being of my dependent.

I have read the agreement above and agree to all its content.

**Please submit payment and registration to:**

**Mail:**    Diamond Nation – PO Box 372 – Flemington, NJ 08822

**Fax:**    908-284-9002

**Email:**    [info@diamonddnation.com](mailto:info@diamonddnation.com)

Please make checks payable to Diamond Nation

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_