



www.nations-baseball.com



www.cooperstowndreamspark.com



www.nationsbaseballpark.com

NATIONS BASEBALL AWARD/WINNER **2010 COOPERSTOWN REGISTRATION FORM**

(Completed Registration form and a \$1000.00 deposit must be mailed to Cooperstown's National Office within 7 days after receiving your award to participate)
(Information may be subject to change)

This is your *bid* to register for the summer of 2010 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 (\$745 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
- Tickets to the Farmers' and Fenimore Art Museums
- Pass to Ride the Cooperstown / Charlotte Valley Railroad

Cooperstown Dreams Park Entrance Fee Schedule

(All fees are non-refundable after November 1, 2009)

With Registration Form* \$ 1,000 Deposit (registers team)

November 1, 2009 \$ 2,000 Second Installment

March 1, 2010 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 will be mailed after October 1, 2009.

YOUR TEAM WAS AWARDED A SPOT AT COOPERSTOWN DREAMS PARK

JUNE
5-11

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 list how your team was awarded this Bid (Please include Location of Event, State Award came from and State/Area Directors Name)

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.