

THIS TEAM HAS A DEPOSIT ON FILE & WAS CONTACTED TO REREGISTER BECAUSE OF THE PRICE INCREASE. PLEASE CALL & CONFIRM RECEIPT.

2014 REGISTRATION  
(subject to change)

3.29.13

This is your invitation to register for the summer of 2014 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, attached case and ball bucket.

**All Inclusive (\$850 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, 2013)

<u>With Registration Form*</u>	\$ 1,000 Deposit (registers team)
November 1, 2013	\$ 2,000 Second Installment (required if team is placed in a week)
March 1, 2014	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, 2013.

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

- |   |  |
|---|--|
| <input type="checkbox"/> May 31 thru June 6   | <u>2</u> July 19 thru July 25  |
| <input type="checkbox"/> June 7 thru June 13  | <u>1</u> July 26 thru August 1   |
| <input type="checkbox"/> June 14 thru June 20 | <u>3</u> August 2 thru August 8  |
| <input type="checkbox"/> June 21 thru June 27 | <u>4</u> August 9 thru August 15   |
| <input type="checkbox"/> June 28 thru July 4  | <input type="checkbox"/> August 16 thru August 22 (N.A.T.C. - "Players' Showcase")       |
| <input type="checkbox"/> July 5 thru July 11  | <input type="checkbox"/> August 23 thru August 29 (A.Y.B.H.O.F. - "Cooperstown Classic") |
| <input type="checkbox"/> July 12 thru July 18 |  |

Team Contact Person: SHAWN WILLIAMSON E-mail Address: SHAWN@COOPERSTOWNRECREATION.COM

Address: 4201 W. 105th WAY, WESTMINSTER, CO, 80031

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Home Phone Number: 720-352-4409 Cell Phone Number: 720-352-4409

Office Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Team Name: THUNDER - "BOLTS" Team City: BROOMFIELD / WESTMINSTER

Returning Team/Organization Yes: No: X If yes, what year: \_\_\_\_\_

Please attach 2014 Grandfather Certificate if applicable.

Head Coach/Manager: SHAWN WILLIAMSON / DARROW COX

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 28134  
Phone: (704) 630-0050 Fax: (704) 630-0737 Web Site: [www.cooperstowndreamspark.com](http://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.