TIM DEGEETER
MAYOR

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THE CITY OF PARMA
PROGRESS THROUGH PARTNERSHIPS
est. 1816

MICKEY VITTARDI
PARKS AND RECREATION
DIRECTOR

January 2, 2014

TO: ADULT SOFTBALL MANAGERS

SUBJECT: ORGANIZATIONAL MEETING

Please be advised that an Organizational Meeting has been scheduled for Wednesday, January 22, 2014 @ 7:00p.m. at the Parmatown Mall Conference Center, located next door to the Recreation Department.

Your attendance at the meeting is requested. Should there be a scheduling conflict and you are not available, you may send a representative for your team. As always, we welcome and appreciate receiving your suggestions that would improve and make the Adult Softball Program more enjoyable for the participants.

Should you require any further information, please contact the Recreation Department @ 440-885-8144.

Sincerely,

Mickey Vittardi

Mickey Vittardi
Parks & Recreation Director

CC: Assistant Recreation Director Roberto Discenza
Softball/Baseball Director Harv Warner
Softball Asst. Director Gene Zayac
Umpire Director Leo Allen
Scorer Association Director George Krovich
File

Parmatown Mall • 7912 Day Drive • Parma, Ohio 44129
440-885-8144 • Fax: 440-885-8068

2014
CITY OF PARMA
SOFTBALL ENTRY FORMS

1. **CITY OF PARMA ENTRANCE FEE FOR MEN'S LEAGUES***.....$115.00
   (See below for Men's Friday League)
   Make Check Payable to the City of Parma Recreation Department

2. **CITY OF PARMA ENTRANCE FEE FOR RECREATIONAL COED & MEN'S FRIDAY LEAGUES**.....$65.00

   Make Check Payable to the City of Parma Recreation Department

3. **PARMA AMATEUR ATHLETIC FEDERATION FEE** ** Includes Refundable Forfeit Fee

   Men's Adult Softball/Divisions I, II, III - Mon/Wed or Tues/Thurs.....$425.00Per Team

   Men's Adult Softball/Divisions I, II, III – Monday Doubleheader League (MAXIMUM OF 8 TEAMS).....$425.00 Per Team

   Men's Adult Softball/FRIDAY .....$240.00 Per Team

   Recreational COED OPEN/FRIDAY.....$240.00 Per Team

   Recreational COED OPEN/SUNDAY.....$240.00 Per Team

   Make Check Payable to P.A.A.F. (Parma Amateur Athletic Federation)

   The above listed P.A.A.F Fee includes: A.S.A. Sanctioning, game softballs, P.A.A.F. Membership, banquet and trophies and includes a refundable forfeit fee of $108.00, at the conclusion of the season, provided there are no forfeited games. **(*In the COED & MEN'S FRIDAY NIGHT LEAGUE:** the P.A.A.F. Fee **does not** include the banquet and individual awards)

4. **PLEASE PREPARE TWO (2) SEPARATE CHECKS AS NOTED ABOVE. WE WILL NOT ACCEPT ONE CHECK.**

5. ***RESIDENCY REQUIREMENTS***

   MEN'S ADULT SOFTBALL/Divisions I, II, III .....Eight (8) Non-Residents Only

   MEN'S ADULT SOFTBALL/FRIDAY.....Eight (8) Non-Residents Only

   RECREATIONAL COED OPEN/FRIDAY.....No Residency Requirements

   RECREATIONAL COED OPEN/SUNDAY.....No Residency Requirements

6. *** **A $20.00 FEE FOR EACH NON RESIDENT IS DUE UPON VALIDATION OF CONTRACT CARDS**

7. **GAME FEES: $27.00 Per Team & Per Game -Cash on Field (INCLUDES $20.50 UMPIRE AND $6.50 SCORER FEE)**

8. **LEAGUES WILL BE LIMITED TO A MAXIMUM NUMBER OF TEAMS. TEAMS WILL BE ACCEPTED ON A FIRST COME BASIS.**

9. **DEADLINES FOR ALL ENTRY FEES AND APPLICATION PACKETS WILL BE:**

FEBRUARY 21, 2014

2014
CITY OF PARMA
ADULT SOFTBALL LEAGUE APPLICATION

WE_____, TEAM DO HEARBY APPLY FOR REPRESENTATIVE MEMBERSHIP IN THE PARMA ADULT SOFTBALL_____LEAGUE AND WILL COMPLY WITH THE REGULATIONS AND RULES OF SAID LEAGUE, COMPLETION OF THE APPLICATION DOES NOT GUARANTEE ACCEPTANCE IN THE PARMA ADULT SOFTBALL LEAGUE.

MANAGER:_____ HOME PHONE: ( )_____

ADDRESS: _____CELL/WORK PHONE:( )_____

CITY/ZIP: _____ E-MAIL: _____

IF TEAM IS SPONSORED BY AN ORGANIZATION OR COMMERCIAL FIRM, PLEASE LIST NAME AND ADDRESS:

ORGANIZATION/FIRM NAME: _____

ADDRESS: _____ PHONE:( )_____

CITY/ZIP: _____

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Did this team compete in an organized league last year?_____

If so, please list what league and team name _____

If team is merger of two teams please list team names: _____

****

LEAGUE DAYS OF THE WEEK:
PLEASE CIRCLE ONE:

MEN'S ADULT SOFTBALL MONDAY/WEDNESDAY **MEN'S ADULT SOFTBALL TUESDAY/THURSDAY**
(Rain outs will be scheduled @ the conclusion of the season, in case of extreme rain, other arrangements may be made)

MEN'S DOUBLEHEADER (MONDAY EVENING) **MEN'S FRIDAY** (EVENING) **COED** (FRIDAY EVENING) **COED** (SUNDAY EVENING)

COMPETITIVE LEVEL:
PLEASE CIRCLE ONE:

DIVISION I MOST COMPETITIVE **DIVISION II** **DIVISION III** LEAST COMPETITIVE

The City of Parma Recreation Department and Softball Staff reserve the right to best place teams according to skill level in appropriate leagues.

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I,_____Manager of the _____
Manager's Signature Team Name

Have fulfilled the requirements for entry in the Parma Adult Softball League. I have also received a set of rules and will apprise myself and my team of their content.

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FORFEIT FEE REFUND FORM
PLEASE RETURN THE P.A.A.F. FORFEIT FEE, PROVIDED OUR TEAM HAS NOT FORFEITED ANY GAMES, FOR THE 2014 SOFTBALL SEASON TO:

TEAM NAME:_____

NAME: _____**AUTHORIZED BY:**_____

ADDRESS: _____**CITY/STATE/ZIP:**_____

2014
CITY OF PARMA
ADULT SOFTBALL LEAGUE ROSTER

TEAM NAME: _____

COMPETITIVE LEVEL

Please Circle One:

MANAGER:_____ **DIVISION I** **DIVISION II** **DIVISION III**

MOST COMPETITIVE LEAST COMPETITIVE

HOME PHONE:( )_____

MEN'S DH/MONDAY **COED/FRIDAY** **COED/SUNDAY**

WORK PHONE( )_____

MEN'S FRIDAY EVENING LEAGUE

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THE BELOW LISTED PLAYERS, ARE REQUIRED TO SIGN WHERE INDICATED, AND ARE ACTIVE MEMBERS OF THE _____ TEAM AND ARE COVERED BY THE PLAYER AFFIDAVIT. NO PLAYER WILL BE ELIGIBLE TO PARTICIPATE IN ANY GAME UNTIL CONTRACT CARDS ARE VALIDATED. CONTRACT CARDS MUST BE VALIDATED AND NON-RESIDENT FEES PAID AT THE RECREATION DEPARTMENT DURING NORMAL WORKING DAYS AND HOURS.

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RESIDENCY REQUIREMENTS

A $20.00 FEE FOR EACH NON-RESIDENT IS DUE UPON VALIDATION OF CONTRACT CARDS

MEN'S ADULT SOFTBALL/I, II, III & FRIDAY EVENING LEAGUE.....EIGHT (8) NON-RESIDENTS

MEN'S MONDAY DOUBLE HEADER.....EIGHT (8) NON RESIDENENTS

RECREATIONAL COED OPEN..... NO RESIDENCY REQUIREMENTS
(MAY HAVE AS MANY NON-RESIDENTS ON TEAM, BUT NON-RESIDENT FEE APPLIES)

PLAYERS NAME (PRINT)	ADDRESS	CITY/ZIP	PHONE
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			

2014
CITY OF PARMA
ADULT SOFTBALL CANCELLATION POLICY

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NO POSTPONEMENTS OF SCHEDULED GAMES WILL BE ACCEPTED

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IF YOU CANNOT FIELD A TEAM FOR A SCHEDULED GAME, YOU MUST NOTIFY THE SOFTBALL OFFICE AT LEAST ONE WEEK (7 DAYS) IN ADVANCE OF THE SCHEDULED GAME DATE. THE GAME WILL RESULT IN A LOSS FOR YOUR TEAM, HOWEVER, THE GAME FEES MAY NOT BE DEDUCTED FROM YOUR FORFEIT FEE ACCOUNT. ONCE A GAME IS CANCELED IT WILL NOT BE RESCHEDULED, EVEN IF THE CANCELED DATE WOULD HAVE RESULTED IN A RAINED OUT GAME.

IF YOU ARE AWARE IN ADVANCE OF ANY DATES ON WHICH YOUR TEAM WILL BE UNABLE TO PLAY, INCLUDING MONDAYS, PLEASE LIST THOSE DATES BELOW. THE SOFTBALL OFFICE STAFF WILL TRY TO HONOR THESE REQUESTS WHEN SCHEDULING YOUR LEAGUE.

PLEASE LIMIT THESE REQUESTS TO A MAXIMUM OF TWO (2) DATES.

MONTH	DATE	DAY OF THE WEEK

TEAM NAME: _____

LEAGUE: _____

MANAGER: _____

THIS FORM IS DUE WITH LEAGUE APPLICATION AND ROSTER