

Central District Softball Tournament 2017

Emergency Contact Information Sheet

School: _____ Division: I II III IV

Location of field if **NOT** at school (address):

Head Coach: _____

Cell phone: _____

E-mail address: _____

Assistant Coach: _____

Cell phone: _____

E-mail address: _____

Athletic Director: _____

Office phone: _____

Cell phone: _____

E-mail address: _____

Please list your date and time of school graduation below:

Graduation will be avoided for all teams, if possible. Other conflicts cannot be avoided by the tournament and teams will need to make adjustments to accommodate.