



David Nusser
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Lacey, WA 98516
253-353-3958

AGREEMENT FOR TOURNAMENT ENTRY PAYMENT

I am submitting a deposit of \$325, in the form of a personal check, that will be used to hold a spot in any tournament that I am accepted in that is run by David Nusser excluding all State, National, NW Championship and World Tournaments. If I fail to show, or give proper notice of dropping out, I accept that my credit card is authorized to be charged or check will be cashed and applied to the entry fee due for that tournament.

I _____, coach/manager/sponsor of the _____ Softball team, do agree with the following stipulations in regards to my ability to enter and reserve a spot in tournaments run by David Nusser, during the 2019 season:

1. Once I have asked to be entered into a tournament, I agree that I will be responsible for the entry fee of that tournament unless I contact David Nusser, no less than 7 days prior to the tournament, by email at nuss3@gmail.com and, receive a reply back from David agreeing that I have been dropped from the tournament. If this notification is less than 7 days prior to the tournament in question, then my team will be dropped from the tournament only if a replacement team can be found. Unless this process is followed, I understand that I will be drawn into the tournament in question and I will pay the entry fee regardless if my team shows, or not.
2. I accept that by signing this I understand that when my teams' name appears as paid for a tournament, it is because of this agreement and that I will have the entry fee at the tournament prior to my teams' first game. I will put the entire entry fee into an envelope, labeled with our teams' name, and give it to the Tournament Director prior to taking the field for our first game. It is my responsibility to have all of the money in the envelope, and not be in the process of collecting from my players while we are playing a game. This is to make this process a plus for both of us. Failure to do this causes further work and financial problems for the TD.

Signed By _____

Print Name _____ Date _____

_____ CHECK - Mail To Above Address

_____ CREDIT CARD

Credit Card #: _____ - _____ - _____ - _____ Exp: _____ CVV: _____ BILLING ZIP: _____