#### 2025 REGISTRATION

(subject to change/non-transferable)

This is your *invitation* to register for the summer of 2025 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*).

#### All Inclusive (\$1295 per player/coach) Total Package Includes:

- Player Home and Away Uniform (hat, jerseys, and socks)
- Player Warm-up Set (two performance shirts, batting practice jacket)
- Coaches Gear (hat, two polos, pullover and jacket)
- Secondary Insurance (team coverage)
- Meals and Accommodations (players, coaches, umpires)
- Uniform Cleaning Service (players, coaches, umpires)
- \*Umpire Gear (pullover, hat, two polos, water bottle)

- 6 Games Guaranteed / 13 Games Max (weather permitting)
- Team scorebook, lineup cards, backpack and ball bucket
- Personalized Player Baseball Cards
- Induction into the American Youth Baseball Hall of Fame
- American Youth Baseball Hall of Fame Tournament Ring
- Digital download of Team Webcast Game and Weekly Highlights (in the event of weather or technology issues - Highlights only)

#### **Cooperstown Dreams Park Entrance Fee Schedule**

(All fees are non-refundable after Second Installment)

With Registration Form\*\*
November 1, 2024

March 1, 2025

\$ 1,000 Deposit

\$ 3,000 Second Installment (required if team is placed)

Final balance due (guarantees team placement)

Please indicate preferred tournament date(s), with 1 being your first choice. Only indicate the tournament date(s) that your team can participate.

May 25 thru May 31	June 30 thru July 6	July 30 thru August 5
May 31 thru June 6	July 6 thru July 12	August 5 thru August 11
June 6 thru June 12	July 12 thru July 18	August 11 thru August 17
June 12 thru June 18	July 18 thru July 24	August 17 thru August 23
June 18 thru June 24	July 24 thru July 30	August 23 thru August 29
June 24 thru June 30	MILL I W	
Геат Name:		Team City:
Team Contact Person:		<b>*</b> //
Address:		
City:	State: ZIF	Code:
Home Phone Number:	Cell Phone Number:	
Office Phone Number:	Fax Number:	V
E-mail Address:		V
Returning Team/Organization Yes:	No: If yes, what year:	
Head Coach/Manager:		
(Please Print)		

All payments must be in the form of a <u>CASHIER'S CHECK or U.S. MONEY ORDER ONLY!</u>
Make payable and send to: <u>Cooperstown Dreams Park</u> 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 modify or cancel a team's registration or placement.

Failure to comply with Dreams Park requirements, policies or deadlines may result in cancellation of a team's registration or placement. Cooperstown

Dreams Park prohibits the sale of a team's registration or placement.

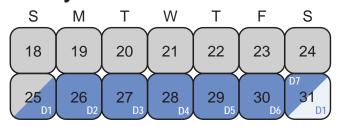
<sup>\*</sup>One Umpire selected from Cooperstown Dreams Park's Umpire Program is required per Team and will be added to the Team Roster.

<sup>\*\*</sup>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 date or waiting list placement letters will be mailed after October 1, 2024.

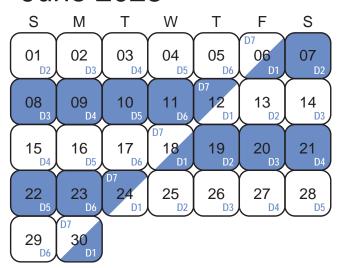


# 2025 Season Calendar

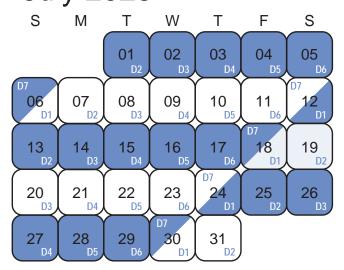
### May 2025



#### June 2025



### July 2025



## August 2025

