



# Wednesday Night High School Baseball Winter Hitting League



**Where:** Baseball City - Hartford, CT.

**When:** Wednesday Nights – Games start at 6:30pm, 7:15pm, and 8:00pm  
Regular Season: starts January 27<sup>th</sup> and ends March 3<sup>rd</sup>, 2010

Playoffs: Wednesday, March 10<sup>th</sup>, 2010

**Format:** 2-man Teams / 12 Teams in the League / 2 Divisions with 6 teams in each division / Round Robin Regular Season Schedule for a total of 5 games, ties will be broken by head to head results first then most points scored in the season second.

Playoffs: Top 2 Teams in each Division make the Playoffs  
Semifinals - 1vs2 and 1vs2 in different divisions / Final - Winner of Semi 1 vs. Winner of Semi 2

**Game:** Each Game will be 8 innings - a half inning consists of 10 Swings off a pitching machine from 1 player  
Example:

Player 1 from Team 1 will hit in the top of the 1st, 3rd, 5th & 7th innings for a Total of 40 Swings

Player 2 from Team 1 will hit in the top of the 2nd, 4th, 6th & 8th innings for a Total of 40 Swings

Player 1 from Team 2 will hit in the bottom of the 1st, 3rd, 5th & 7th innings for a Total of 40 Swings

Player 2 from Team 2 will hit in the bottom of the 2nd, 4th, 6th & 8th innings for a Total of 40 Swings

The Team with the most points at the end of 8 innings (80 Swings per Team) will be the winner.

If Tied after 8 Innings - Sudden Death 1 inning Playoff (10 Swings Total - 5 Swings from each Player) to determine the winner / 1 inning Playoff continues until a winner is determined.

Points will be determined by targets - ranging from 0 points to 5 points for each swing.

**Awards:** Winners of each League and MVP's of each League get their names put on the Baseball City Hitting League Plaques displayed at Baseball City year round!

**Cost:** \$75 per player (\$150 per team)

**NO REFUNDS:** We only take a maximum number of players; therefore, there are players who are turned away. Once you reserve your spot in the league, there will be no refunds given.

*Please cut and mail registration to address below*

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NAME HOME ADDRESS/ZIP HOME PHONE

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MOTHER'S NAME / CELL PHONE FATHER'S NAME / CELL PHONE E-MAIL

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AGE DATE OF BIRTH

**HIGH SCHOOL BASEBALL  
WINTER HITTING LEAGUE**

I/We hereby authorize Baseball City, LLC. to act in my/our behalf in obtaining appropriate emergency medical treatment for my son/daughter if I/we am/are unavailable to do so myself. In addition my son/daughter realizes sports are competitive and that injuries are part of the game. I/we assume all risks and hazards associated with this participation. I/we do hereby waive, release, absolve and agree to hold harmless Baseball City owners, staff and instructors for any claim arising out of injury to my son/daughter.

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Parent Signature Date Child Signature Date  
**CHECKS PAYABLE TO BASEBALL CITY** - 216 MURPHY ROAD, HARTFORD, CT 06114 www.baseballcityct.com 860/527-CITY