



Monday Night High School Softball Winter Hitting League



We let you hit real baseballs, have superior lighting, spacious cages, and awesome hitting backgrounds!

Where: Baseball City - Hartford, CT.

When: Monday Nights – Games start at 6:30pm, 7:15pm, and 8:00pm
Regular Season: starts January 25th and ends March 1st, 2010

Playoffs: Monday, March 8th, 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

NAME HOME ADDRESS/ZIP HOME PHONE

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

AGE DATE OF BIRTH

**HIGH SCHOOL SOFTBALL
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.

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