

# Men's Industrial



**Men's Industrial State Tournament**  
**July 23<sup>rd</sup> – 25<sup>th</sup>**  
**Friendswood Sportsplex**  
**Friendswood, Texas**



**Men's Industrial  
Slow Pitch  
State Tournament  
Friendswood, Texas**



**Hosted By  
Friendswood Parks & Recreation Dept  
&  
Texas ASA District 31**

- Date:** July 23, 24 & 25 2010
- Location:** Friendswood Sportsplex  
Friendswood, Texas
- Entry Fee:** \$ 275.00 per team \$75.00 Gate Fee  
Money Orders or Cashiers Checks only  
Made payable to:  
  
Texas ASA District 31  
P.O. Box 2427  
Texas City, Texas 77592
- Admission:** \$75.00 Must be paid with entry fee
- Deadline:** Tuesday July 20th , 2010 at 5 p.m.
- Rosters:** ASA Championship Roster, must be signed by your District Commissioner
- Rules:** ASA Code/2010 ASA Official Rule Book
- Balls:** Will be furnished by tournament
- Time Limit:** 1 Hour limit, except for Championship game
- Run Rule:** 10 after Five (5) innings, 15 After 4 & 20 after 3 innings  
On allgames.
- Coaches Meeting:** Friday, July 23<sup>rd</sup> , 6 p.m.  
At . Friendswood Activity Center  
416 Morning Side  
Friendswood, Texas  
A representative from each team must be Present.  
Bracket drawing will be held at the meeting, rules not covered above will  
be discussed.

**For additional information, you can contact:  
Mike Cappa at: 409 789-2883**

**Hotel Information**  
**If you are using a GPS or Map Quest**  
**Use the 1400 S. Loop 35 address**

**Holiday Inn Express**  
**900 S. loop 35**  
**Alvin Tx. 77511**  
**1-281-331-8800**

**La Quinta Inn**  
**880 S. loop 35**  
**Alvin, Tx 77511**  
**1-281-585-3900**

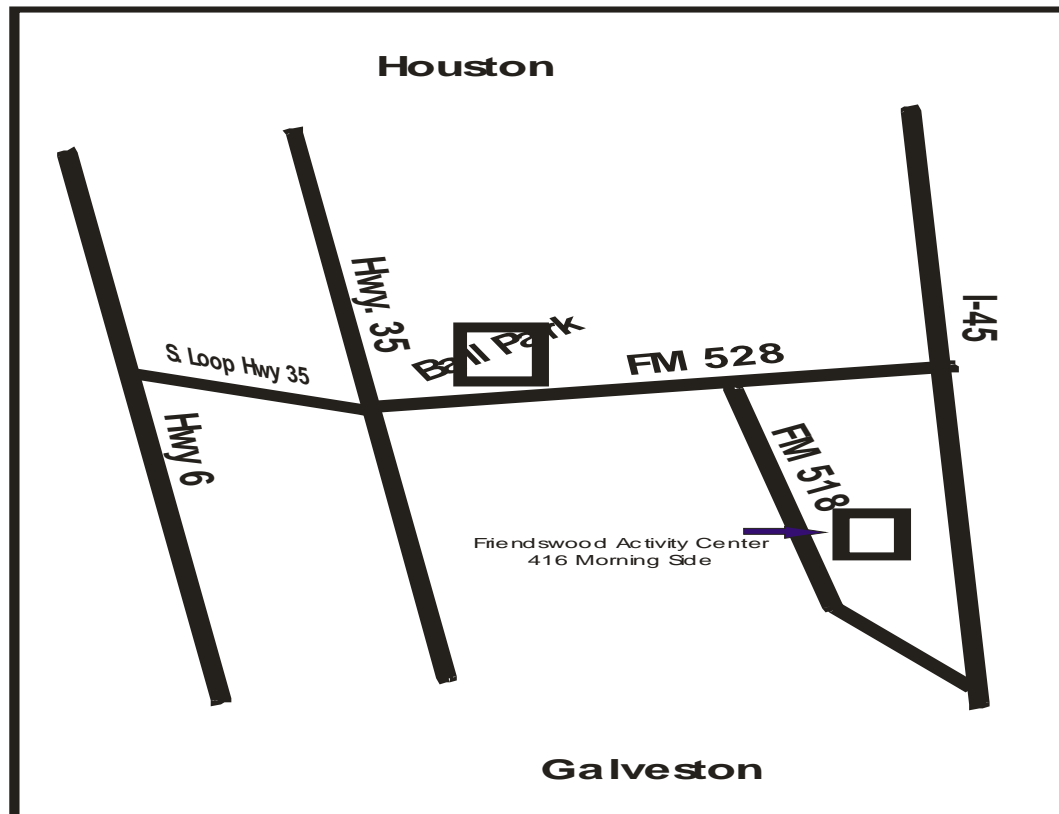
**100% Non Smoking**

**Comfort Inn**  
**1535 S. Loop 35**  
**Alvin, Tx. 77511**  
**1-281-331-4545**

**Best Western**  
**1470 S. Loop 35**  
**Alvin, Tx. 77511**

**Roadway Inn**  
**900 E. Hwy 6**  
**Alvin, Tx. 77511**  
**1-281-331-7900**

**Americas Best Suites**  
**1588 S. Loop 35**  
**Alvin, Tx. 77511**  
**1-281-331-0335**





## ***Men's Industrial State Tournament Registration Form***



TEAM NAME: \_\_\_\_\_ District \_\_\_\_\_

COACHES NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP \_\_\_\_\_

DAY PHONE: (     ) \_\_\_\_\_

EVENING PHONE: (     ) \_\_\_\_\_

FAX: (     ) \_\_\_\_\_

E-MAIL: \_\_\_\_\_

All money orders/cashiers checks should be made payable  
and mailed to:

Texas ASA District 31  
P.O. Box 2427  
Texas City, Texas 77592



### **FOR DISTRICT USE ONLY**

Date entry fee received: \_\_\_\_\_ Gate Fee \_\_\_\_\_

Team Reg. Number \_\_\_\_\_

Date roster received: \_\_\_\_\_ Locale \_\_\_\_\_