

# 1<sup>ST</sup> ANNUAL MIDWEST FALL SOFTBALL COLLEGE EXPOSURE SHOWCASE

Purpose – To allow softball players (9<sup>th</sup>-12<sup>th</sup> grade only) from IN, KY, IL, OH, TN, & WV the opportunity to play in front of college coaches and showcase their skills.  
(NOTE-catchers need own gear & all players need own batting helmets)

**DATE:** October 24<sup>th</sup>, 2010  
**TIME:** 9:00 a.m. – 6:00 p.m.  
**PLACE:** IU Southeast Softball Field (Koetter Sports Complex)  
**ENTRY FEE:** \$55 per player (Entry must be postmarked by OCT. 11<sup>th</sup>)  
LIMITED TO THE FIRST 60 PLAYERS!!!!

**REGISTRATION:** <http://www.iusathletics.com/sport/0/5.php>  
**CONTACT:** Todd Buckingham (812) 661-9068 or [tlbuckin@ius.edu](mailto:tlbuckin@ius.edu)

**FORMAT:** The format will be GAME FORMAT with players being placed on teams that will allow them to play 2 90-minute games, with every effort made to accommodate the positions they want to showcase. Each team will bat every player. The teams will be coached by COLLEGE PLAYERS. We are closing the event to the first 60 PLAYERS!!!

## **COLLEGES INVITED INCLUDE (But are not limited to: )**

Berea	Indiana Univ.	EKU	Rio Grande (OH)
Brescia	IUPUI	Marshall	U. of Cumberlands
Midway	Indiana State	Bluefield State	Austin Peay
Asbury	Ball State	Union (KY)	U. of Charleston
Alice Lloyd	Purdue	Campbellsville	Rend Lake CC
Bellarmine	Tennessee State	Georgetown (KY)	Heartland CC
Hanover	Morehead State	St. Catharine (KY)	Wabash Valley CC
Spalding	Murray State	Lindsey Wilson	Kankakee CC
Univ. of Louisville	Evansville	WVU-Tech	Lincoln Trail CC
Univ. of Kentucky	WKU	Kentucky State	Univ. Indianapolis
Shawnee State (OH)	Ohio Valley (WV)	Concord (WV)	Marian (IN)
Trevecca Nazarene	Olivet Nazarene	Bethel (IN)	Grace (IN)

**TO REGISTER CONTACT COACH BUCKINGHAM**

# **1<sup>ST</sup> ANNUAL MIDWEST FALL SOFTBALL COLLEGE EXPOSURE PLAYER SHOWCASE REGISTRATION**

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

DATE: \_\_\_\_\_

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

HOME PHONE: \_\_\_\_\_

PARENT/GUARDIAN CELL: \_\_\_\_\_

HIGH SCHOOL & GRAD. YEAR: \_\_\_\_\_

HIGH SCHOOL ADDRESS (AT LEAST CITY & STATE): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TRAVEL BALL TEAM & COACH: \_\_\_\_\_

POSITIONS PLAYED (IN RANK OF PREFERENCE): \_\_\_\_\_

TYPE OF HITTER (i.e. slapper, contact, power): \_\_\_\_\_

SHIRT SIZE: \_\_\_\_\_

KNOWN ALLERGIES: \_\_\_\_\_

EXISTING HELATH CONDITIONS/INJURIES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By signing below, you certify as the parent/guardian for the above listed participant that she has no physical impairments/ailments which would prevent her from full participation in all events and activities. Indiana University Southeast nor the coaching staff is liable for any injuries that may unfortunately occur.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date