

ALL STAR SOFTBALL COACH/PLAYER CHECK OFF FORM

- ACCEPTANCE FORM RETURNED
- PLAYER INFO FORM RETURNED
- PHOTO SENT – pip@pipocala.com or sheltoncrews@yahoo.com
- CONSENT FORM RETURNED
- SPONSOR FORM RETURNED
- SPONSORSHIP CHECK SENT - \$80
- RESERVE OWN ROOM – SEE HOTEL INFO BELOW

Due to COVID, Hotel arrangements and Game format will be different. The FACA has a room block set-up for June 4th at the Hampton Inn & Suites, 3630 Lakeside Village Blvd., Lakeland (863-603-7600) -\$109. Group Name is All Star Softball. It will be the responsibility of the parent or coach to arrange for lodging/food of the Athlete while at this event. Players do not have to stay at this hotel or they can drive in for the games.



MAKE ALL CHECKS PAYABLE TO FACA

**FACA
PO BOX 13805
TALLAHASSEE, FL 32317**

EMAIL FORMS TO: flacoach@comcast.net or FAX TO 850-727-8194.

FLORIDA ATHLETIC COACHES ASSOCIATION

Shelton Crews
Executive Director

2021 ALL-STAR SOFTBALL CLASSIC BARTOW HIGH SCHOOL, BARTOW SCHEDULE FOR ALL-STAR TEAMS

Friday – June 4th

Due to COVID, Hotel arrangements and Game format will be different. The FACA has a room block set-up for June 4th at the Hampton Inn & Suites, 3630 Lakeside Village Blvd., Lakeland (863-603-7600) - \$109. Group Name is All Star Softball. It will be the responsibility of the parent or coach to arrange for lodging/food of the Athlete while at this event. Players do not have to stay at this hotel or they can drive in for the games.

Hotel On-Line Booking

Link: <https://www.hilton.com/en/book/reservation/deeplink/?&ctyhocn=LALPPHX&groupCode=CHHASA&arrival=20210604&departure=20210605&cid=OM.WWV.HILTONLINK.en.DirectLink&fromId=HILTONLINKDIRECT>

Saturday – June 5th

Check in at field – \$80 Sponsorship Due

7:30am-8:30am – North & West Teams

9:00am-10:00am – South & East Teams

9:00 AM - Game I - North All-Stars vs. West All-Stars

11:00 AM - Game II – South All-Stars vs. East All-Star

1:00 PM - Game III – North All Stars vs. South All Stars

3:00 PM - Game IV – West All Stars vs. East All Stars

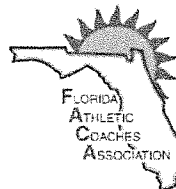
All Games will be at BARTOW HIGH SCHOOL. ADMISSION is \$5 per day.

Team Hotel

Hampton Inn & Suites
3630 Lakeside Village Blvd.
Lakeland, FL 33803
(863) 603-7600

Game Field

Bartow High School
1270 S. Broadway Ave
Bartow, FL 33830



FLORIDA ATHLETIC COACHES ASSOCIATION

Shelton Crews
Executive Director

April 26, 2021

Dear Coach:

Congratulations on having an athlete selected to the Florida Athletic Coaches Association **2021 All-Star Softball Team**. The 31st Annual FACA All-Star Softball Classic is set for **Bartow High School, Bartow, on June 5, 2021**. We will play four games beginning at 9:00am. North/West teams will check in at the Field at 7:30am and East/South at 9:00am. Please give the enclosed material to your athlete and see that she completes the forms and returns them to the FACA Office (P.O. Box 13805, Tallahassee, FL 32317) (fax – 850-727-8194) or email to flacoach@comcast.net immediately to ensure the roster spot.

It is very important that your athlete brings her softball cleats, batting helmet and high school uniform to wear in the games. Catchers please bring their own equipment.

If you have not returned the **All-Star player sponsorship and \$80.00 check, please send immediately to the FACA Office** (each coach with a player in the game is required to secure a \$80.00 player sponsorship and must be paid before participating). We are working on a short deadline for the All-Star Game Souvenir Program. **If we do not have your players sponsorship or fails turn it in at check in, she will not be able to participate in the 2021 Classic.** Use the enclosed sponsorship form (attach picture and check made out to FACA) and mail to FACA Office.

The enclosed player Information Form must be **typed or printed clearly (used for the program)**. Stats should be the **2021** regular season. **Must be returned to FACA Office by May 24, 2021.** Fax to 850-727-8194 or email to flacoach@comcast.net.

Due to COVID, Hotel arrangements and Game format will be different. The FACA has a room block set-up for June 4th at the Hampton Inn & Suites, 3630 Lakeside Village Blvd., Lakeland (863-603-7600) - \$109. Group Name is All Star Softball. It will be the responsibility of the parent or coach to arrange for lodging/food of the Athlete while at this event. Players do not have to stay at this hotel or they can drive in for the games.

Thank you for your support. Hope to see you in Bartow for the 31st Annual FACA All-Star Softball Classic!

Sincerely,

Shelton Crews

Shelton Crews
Executive Director

Only graduating seniors may participate in the FACA All-Star Games.

FLORIDA ATHLETIC COACHES ASSOCIATION

Shelton Crews
Executive Director

SOFTBALL ALL-STAR CLASSIC
BARTOW HIGH SCHOOL
BARTOW, FLORIDA
JUNE 5, 2021

ALL-STAR SPONSOR FORM

All-Star Info

Name of All-Star _____

School _____

Sponsor Info

Name of Sponsor _____
(Business or School)

Address _____

City _____ Zip Code _____

Phone: () _____

Print Sponsor Name to be listed in Program and on FACA Website:

Please complete this form and mail with \$80.00 sponsorship to the FACA Office.
Make checks payable to FACA. Must be paid before participating.

FACA
P.O. Box 13805
Tallahassee, FL 32317

FLORIDA ATHLETIC COACHES ASSOCIATION

Shelton Crews
Executive Director

April 26, 2021

Dear All-Star:

You have been selected as a member of the **2021 Florida Athletic Coaches Association All-Star Softball Team**. The 31st Annual FACA All-Star Classic will be played on **June 5, 2021** at **Bartow High School in Bartow**.

Saturday, June 5, 2021

G1 -9:00 AM – North vs. West

G2 - 11:00 AM – South vs. East

Saturday, June 5, 2021

G3 - 1:00 PM – North vs. South

G4 - 3:00 PM – West vs. East

North and West Players will report to Bartow High School – 1270 S. Broadway Ave., Bartow, FL 33830 at **7:30 AM on June 5th for check-in**. **South and East Players** will report to Bartow High School at **9:00 AM**. **Players and Coaches Awards will be presented immediately after the 1:00/3:00 games on Saturday, June 5th**.

All-Stars are to wear their **high school uniforms** in the All-Star Games (see your high school coach and make arrangements with him/her to secure a uniform...both tops). You are also asked to **bring your softball cleats, SCHOOL batting helmet and catchers bring your equipment**. We will bat all sixteen players (1 thru 16) and use a free substitution rule thus allowing all players equal playing time. A pitcher may not pitch more than four innings.

The FACA will purchase medical insurance for each athlete and coach. This is a secondary coverage.

Due to COVID, Hotel arrangements and Game format will be different. The FACA has a room block set-up for June 4th at the Hampton Inn & Suites, 3630 Lakeside Village Blvd., Lakeland (863-603-7600) - \$109. Group Name is All Star Softball. It will be the responsibility of the parent or coach to arrange for lodging/food of the Athlete while at this event. Players do not have to stay at this hotel or they can drive in for the games.

Please return the **Player Acceptance Form and Parent Consent Form** which you should complete and EMAIL to flacoach@comcast.net OR Fax **immediately** to the FACA Office (850-727-8194).

All forms must be returned to: **FACA**

Shelton Crews, Executive Director

P.O. Box 13805

Tallahassee, FL 32317

Congratulations on your selection to the 31st Annual All-Star Classic! See you June 5th.

Sincerely,

Shelton Crews

Shelton Crews

Executive Director

FLORIDA ATHLETIC COACHES ASSOCIATION

Shelton Crews
Executive Director

SOFTBALL ALL-STAR CLASSIC
Bartow High School
Bartow, Florida
June 5, 2021

Commitment to Participate

Please check one:

_____ Yes, I accept the invitation to participate in the FACA Softball All-Star Classic on June 5, 2021 at Bartow HS. Game I – 9:00 AM (North vs. West). Game II –11:00 AM (South vs. East). Game III - 1:00 PM (North vs. South). Game IV - 3:00 PM (West vs. East).

_____ No, I will not be able to participate in the FACA Softball All-Star Classic.

Name (Please Print) _____

School _____

Home Phone: () _____ T-shirt Size: _____ Position _____ No. _____

Cell Phone: () _____

Email Address: _____

Player's
Signature: _____

Parents
Signature: _____

Please Email To: flacoach@comcast.net or FAX to (850) 727-8194 IMMEDIATELY.

Please email a picture for the All-Star Game Program (can be softball or senior class picture) Send to pip@pipocala.com. Be sure to put your name and school on the email.

FLORIDA ATHLETIC COACHES ASSOCIATION

Shelton Crews
Executive Director

PARENT CONSENT FORM

Players Name _____ Birth Date _____

Address _____

City _____ State _____ Zip _____

Parent/Guardian _____ Relationship _____

Home Phone () _____ Cell Phone () _____

Business Phone () _____ Email _____

List any allergies: _____

List any existing injuries: _____

Having been informed of the invitation extended my child to participate in the **Florida Athletic Coaches Association All-Star Classic**, I, the parent/legal guardian of the above named athlete, do hereby give my approval to her participation in the All-Star Games and any and all of the activities scheduled during her stay at the All Star site. I do assume all risks and hazards incidental to the conduct of the activities; and I do further release absolve, indemnify and hold harmless the Florida Athletic Coaches Association , the Organizers, Sponsors and Supervisors, and/or all of them. In case of injury to my child, I hereby waive all claims against the organizers, the sponsors, or any of the supervisors appointed by them. I likewise release from responsibility any person transporting my child to or from activities.

ACCIDENTAL MEDICAL COVERAGE HAS BEEN PURCHASED FOR EACH PLAYER. (This is a secondary coverage.)

I have read and agree to the conditions as stated above:

Signed: _____ Date: _____
(Parent or Guardian)

Signed: _____ Date: _____
(All-Star Signature)

Insurance Company _____ Policy Number _____

Insurance Company Phone Number _____

This form must be returned to participate. Please fax 850-727-8194 or bring to event.

ATTACH COPY OF INSURANCE CARD

2021 FACA ALL-STAR SOFTBALL CLASSIC

PLAYER INFORMATION FORM

(PLEASE PRINT OR TYPE)

ALL-STAR NAME _____ AGE _____

ADDRESS _____ BIRTHDAY _____

_____ CELL PHONE _____
zip code a/c

NAME OF PARENT OR GUARDIAN _____

HOME PHONE () _____

BUS. PHONE () _____

HIGH SCHOOL COACH _____ CELL PHONE () _____

HIGH SCHOOL _____ COACHES E-MAIL ADD. _____

T-SHIRT SIZE _____

POSITION _____ JERSEY NO. _____

OTHER POSITIONS PLAYED _____

CIRCLE: THROWS RIGHT - LEFT BATS RIGHT - LEFT

BATTING:

G	AB	R	H	2B	3B	HR	BB	K	RBI	SB	BA

PITCHING:

G	GS	CG	IP	H	R	ER	BB	K	W	L	S	ERA

HONORS RECEIVED _____

I agree to secure the \$80.00 sponsorship for my athlete.

Coaches Signature: _____

FAX TO FACA: 850-727-8194 or submit electronically via the "FORMS" tab on our website.