

# Central District Softball Tournament 2020

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## **Emergency Contact Information Sheet**

School: \_\_\_\_\_ Division: I II III IV

Location of field if **NOT** at school (address):  
\_\_\_\_\_

Head Coach: \_\_\_\_\_

Cell phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Assistant Coach: \_\_\_\_\_

Cell phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Athletic Director: \_\_\_\_\_

Office phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

**Please list your date and time of school graduation below:**  
\_\_\_\_\_

Graduation will be avoided for all teams, if possible. Other conflicts cannot be avoided by the tournament and teams will need to make adjustments to accommodate.