




OAKVILLE GIRLS
SOFTBALL ASSOCIATION



2010 Oakville Select Showdown


-  **Midget 21u** **Season Opener** **Saturday June 12th, 2010**
-  **Squirt 12u** **Provincial Tuneup** **Saturday Aug 7th, 2010**
-  **Novice 14u** **Provincial Tuneup** **Sunday Aug 8th, 2010**

Information:

-  **3 games min (weather permitting)**
4th game for Medal winners
Round Robin Format



OSSTA fee: 275.00
non-member: 290.00

-  **Medals for 1st through 4th place**
Afternoon Skills Competition!
All Teams Receive Participation Award!

Midget Deadline May 18
Squirt Deadline June 15
Novice Deadline June 15
(confirmation via email)

-  **Concessions**
Full Washrooms
A-Class Diamonds

----- 

Organization: _____ **Division:** _____
Team Contact: _____
Email: _____ **PH#:** _____ - _____ - _____
City: _____ **Province:** _____ **Postal:** _____

Make Cheque Payable to:
Oakville Girls Softball Association
c/o 606-1130 Queens Ave,
Oakville, ON. L6H 2B6



OAKVILLE GIRLS
SOFTBALL ASSOCIATION



www.OGSA.mysportsite.com

Martin Barratt-Rutledge
VP of Select, OGSA
mawbsta@gmail.com
416-573-5365



OAKVILLE GIRLS
SOFTBALL ASSOCIATION



2010 Oakville Select Showdown

- ⊗ Oakville Select tournaments are for House League allstars in accordance with the OSSTA guidelines.
- ⊗ Your players must be part of a house league and cannot be a Travel-Only or REP team.
- ⊗ Player proof of age should be available upon request.

Jersey: __ Name: _____ DOB __/__/____ House Team: _____

Jersey: __ Name: _____ DOB __/__/____ House Team: _____

Jersey: __ Name: _____ DOB __/__/____ House Team: _____

Jersey: __ Name: _____ DOB __/__/____ House Team: _____

Jersey: __ Name: _____ DOB __/__/____ House Team: _____

Jersey: __ Name: _____ DOB __/__/____ House Team: _____

Jersey: __ Name: _____ DOB __/__/____ House Team: _____

Jersey: __ Name: _____ DOB __/__/____ House Team: _____

Jersey: __ Name: _____ DOB __/__/____ House Team: _____

Jersey: __ Name: _____ DOB __/__/____ House Team: _____

Jersey: __ Name: _____ DOB __/__/____ House Team: _____

Jersey: __ Name: _____ DOB __/__/____ House Team: _____

Jersey: __ Name: _____ DOB __/__/____ House Team: _____

Jersey: __ Name: _____ DOB __/__/____ House Team: _____

Thank you for respecting our goal to promote the House League experience.

Make Cheque Payable to:
Oakville Girls Softball Association
c/o 606-1130 Queens Ave,
Oakville, ON. L6H 2B6



OAKVILLE GIRLS
SOFTBALL ASSOCIATION



www.OGSA.mysportsite.com

Martin Barratt-Rutledge
VP of Select, OGSA
mawbsta@gmail.com
416-573-5365