

## Team Registration Form

| Jamboree   |   | Please Return CompletedForm by10/18/2025   |                               |                             |                             |   |   |                    |                  |
|------------|---|--|-------------------------------|-----------------------------|-----------------------------|---|---|--------------------|------------------|
| District:  |   | Little League Name:                        |                               |                             |                             | Little LeagueID:                                      |   |                    |                  |
| Team Name: |   | Level of Team:   Challenge (Age 4 +)       |                               |                             |                             | Senior Age15+ or play at higherlevel, throw/hitharder |   |                    |                  |
| Coa        | ch & Manager Informat                                 | ion  |                               |                             |                             |   |   |                    |                  |
|            | Full Name<br>(Please PRINT or TYPE)                   | T-Shirt Size<br>(S-3XL)                    |                               | hone Nur<br>nail Addre      |                             |   | st Dinner<br>s \$10 ea.                 | Cash or<br>Check   | Total \$<br>PAID |
| Mana       |   |  |                               |                             |                             |   |   |                    |                  |
| Coacl      | n   |  |                               |                             |                             |   |   |                    |                  |
| Coacl      | n   |  |                               |                             |                             |   |   |                    |                  |
| TOT        | ALS   |  |                               |                             |                             |   |   |                    |                  |
| Play       | er Information(Please list                            |  | n for playe                   | rs attend                   | ing)                        |   |   |                    |                  |
|            | Player<br>First & Last Name<br>(Please PRINT or TYPE) | T-Shirt<br>Size<br>Y (S-XL)<br>A (S – 3XL) | Saturday<br>Games (1<br>or 2) | Sunday<br>Games<br>(Y or N) | Lunch<br>Ticket<br>(Y or N) | Dinner<br>Ticket<br>(Y or N)                          | #Guest<br>Dinner<br>Tickets<br>\$10 ea. | Cash or<br>Check # | Total \$<br>PAID |
| 1          |   |  |                               |                             |                             |   |   |                    |                  |
| 2          |   |  |                               |                             |                             |   |   |                    |                  |
| 3          |   |  |                               |                             |                             |   |   |                    |                  |
| 4          |   |  |                               |                             |                             |   |   |                    |                  |
| 5          |   |  |                               |                             |                             |   |   |                    |                  |
| 6          |   |  |                               |                             |                             |   |   |                    |                  |
| 8          |   |  |                               |                             |                             |   |   |                    |                  |
| 9          |   |  |                               |                             |                             |   |   |                    |                  |
| 10         |   |  |                               |                             |                             |   |   |                    |                  |
| 11         |   |  |                               |                             |                             |   |   |                    |                  |
| 12         |   |  |                               |                             |                             |   |   |                    |                  |
| 13         |   |  |                               |                             |                             |   |   |                    |                  |
| 14         |   |  |                               |                             |                             |   |   |                    |                  |
| 15         |   |  |                               |                             |                             |   |   |                    |                  |
| ТОТ        | ALS   |  |                               |                             |                             |   |   |                    |                  |
|            | FridayArrival: Yes or No                              | Sur  | ıday Avail                    | able to F                   | Play: Yes                   | or No   | Cla                                     | ay Infield N       | leeded:          |





Yes or No



### Player Registration Form

| Return completed  | d form & payment to yo | ur coach by Friday, O   | ctober 10   |  |  |  |
|---|------------------------|---|---|--|--|--|
| District:   | Little League:         |   | LittleLeagueID:   |  |  |  |
| Team Name:  |                        |   |   |  |  |  |
| Player Name:  |                        |   |   |  |  |  |
| Parent or Guardian Cell Phone:  |                        |   |   |  |  |  |
| Parent or Guardian EMAIL:   |                        |   |   |  |  |  |
| Sunday Games  |                        | T-Shirt Size  |   |  |  |  |
| I would be available to play in a mo<br>Nov. 9<br>Please Circle:<br>I would liketo play Sunday morning  |                        | Please indicate play Please Circle: Adu   | ver T-Shirt size:  Youth: S M L XL  Ilt: S M L XL 2XL 3XL |  |  |  |
| Lunchon Saturday, Nov.  | 8                      |   |   |  |  |  |
| Players   |                        | Guests & Famil  | У   |  |  |  |
| On Saturday, Nov. 8 lunch is provide includes one (1) hot dog or hamburg chips, and one (1) can of soda. Ticke by coach or team parent.  I would like a Player LUNCH TICKET | er, one (1) bag of     | Clearwater Little League Concessions will have food, snacks, and drinks available for purchase.   |   |  |  |  |
| for Saturday, Nov. 8  |                        |   |   |  |  |  |
| Danceand Dinner   |                        |   |   |  |  |  |
| Players   |                        | Guests & Famil  | y Sorry, No refunds.)                                     |  |  |  |
| In the evening on Saturday, Nov. 8 di<br>the Dance and Dinner. (Location still  |                        | Dance and Dinner tickets are available for purchase \$15 for additional guests and family members. (Limit 4) Dinner ticket must be PAID IN ADVANCE for planning purposes. <b>Purchase</b> |   |  |  |  |
| I would like a Player Dance and Dinn<br>Nov. 8th.<br>Please circle one: <b>YES o</b>  | •                      | by Cash or Check payableto Clearwater Little League.  IneedtopurchaseadditionalDanceandDinnertickets:  1 2 3 4 other amount. Total:   |   |  |  |  |
| Payment (Due to coach September   | er 22, 2023)           | Quantity  | Cost TOTAL \$   |  |  |  |





PlayerRegistration (\$20 per player) x \$20





District:

### League Registration

LittleLeagueID:

\$

\$

\$

Please Return Completed Form by 10/18/2025

| Please provide the follow | /ing:        | ·                              |          |
|---------------------------|--------------|--------------------------------|----------|
| PRIMARY CONTACT           |              |                                |          |
| Name                      |              |                                |          |
| Address                   |              |                                |          |
| City,                     |              |                                |          |
| State, Zip                |              |                                |          |
| Phone (Home) Phone (Cell) |              |                                |          |
| Email                     |              |                                |          |
|                           |              |                                |          |
| TEAM INFORMATION          |              |                                |          |
| Teams Total #             |              |                                |          |
| Players Total #           |              |                                |          |
| Hotel 1 Name              |              |                                |          |
| Hotel 1 Phone             |              |                                |          |
| Hotel 2 Name              |              |                                |          |
| Hotel 2 Phone             |              |                                |          |
| PAYMENT INFORMATION       |              |                                |          |
|                           | Total Number | Price                          | Total \$ |
| Player Lunch Tickets      |              | Included in Player Registratio | n \$     |

LittleLeagueName:

Signature

Registration & Payment due October 18, 2025

\$15

\$20

**Included in Player Registration** 

ALL Guest GalaDinners must be paidin advanceforproper planning purposes. Make checks payable to: Clearwater Little League

Mail to: Clearwater Little League - PO BOX 5330 - Clearwater, FL 33765





Player Dance and Dinner Tickets

**Guest Dance and Dinner Tickets** 

**Player Registrations** 

TOTAL \$ Remitted



# Event & Registration Information

### 2025 16th Annual Florida Challenger Jamboree

Tournament-style baseball for players with physical or mental challenges

When: Saturday, November 8 & Sunday, November 9, 2025

Where: Clearwater Little League, 714 Saturn Ave. Clearwater, FL 33765

Who's Invited: Every "Challenger Little League" player in the State of Florida who wants to play ball the "Challenger Way!" Your team must be chartered and approved by Little League International Headquarters. Please note: IfyouplayduringtheSpringandnotintheFallyourinsurancewillstillcover you to attend the Jamboree!

#### Other Eligible Requirements:

1)Medical release forms must be filled out and in the possession of the manager at all times while they are at the complex. This is for all team members for liability purposes and should medical attention be needed. 2)All teams are REQUIRED to wear ALL safety equipment as specified by Little League International Headquarters at ALL TIMES.

Hosts: Clearwater Little League & Florida District 12

Activities: Saturday: Opening Ceremonies, Tournament style baseball, Sponsor giveaways/vendors & Gala Dinner with dance at the host dinner site. Sunday: Additional games & Family fun opportunities!

Player Registration Fee: \$20 per player. Registration fee includes player Florida Challenger Jamboree T-shirt, player medal & certificate, player lunch ticket, player dance and dinner ticket. Please review the "League Registration Form" for additional costs for parents and guests. The Clearwater Little League concession Stand will be open.

### Souvenirs: "Challenger Jamboree" shirts are pre-sale

### Information

Why: Our goal is to continue the development of a statewide Challenger event! This Jamboree fosters friendly competition, encourages new friendships, and creates networking opportunities among leagues and parents. Our overall goal is to continue to enhance the "Challenger Baseball" opportunities for special players across the state of Florida!





Registration Deadline: The following forms are due no later than October 18, 2025. Forms must be in hand by Saturday, October 18, 2025, to allow for adequate time to coordinate reservations, game schedules, entertainment, food vendors, etc. . *Sorry, no exceptions*. If possible, please email SherriAmato@gmail.com with a rough estimate for team participants by October 1, 2025 to help with lead time for medal & T-shirt orders, that would be awesome!

### Payment & Forms Required: (Due 10/18/25)

- League Registration Form
- Team Roster Registration Form (1 per team) no other roster will be accepted.
- Paymentmadepayableto Clearwater Little League
  - Mail to: Clearwater Little League PO BOX 5330 Clearwater, FL 33765

Games: Each team will play a minimum of 2 games during the Jamboree on Saturday. Also, we welcome you to stay overnight and to play an additional game on Sunday. Each game will be approximately 60 minutes long. If your team would have an easier time on an all-clay infield, please indicate that on the Team Registration Form. We will try to accommodate you the best we can.

Playing Rules: All players will bat and field during each inning. No batter or runner is out, and every team wins. A complete list of rules is available upon request or at registration.

#### Schedule of Events:

#### 1) Saturday, November 8

- a)OpeningCeremonies 9:00 am
- b)Games start at 10:00 a.m. and end by 4:15 pm
- c)Dinner and dance 6:00pm 10pm Location Countryside High School.
- Player Gala Ticket included in Player Registration Fee
- Guest Gala Tickets available for purchase \$15 each

#### 2) Sunday, November 9

- a)Games will startat9:00 am & end at 12:30 pm
- b) Family Fun Opportunities: Details will be provided upon Team Registration.



QUESTIONS? PLEASE EMAIL: SherriAmato@gmail.com
HOSTED BY CLEARWATER LITTLE LEAGUE CHALLENGERS



