Team Registration Form

INSTRUCTIONS: All fields are required. To register for the 2025 Softball Tournament, you must secure your team's place by first registering online at www.idahosoftball.com (under events), then complete this form and submit with entry fee. *Team spots are not guaranteed until all items are completed, and payment is received in full.* Teams must be registered with USA Softball to participate. Entry deadline: Wednesday, April 30, 2025, by 5 p.m., or until full.

Monday may be used for weather makeups
Tournament Dates: Friday, May 23 - 25 (Memorial Day Weekend)

This tournament starts on Friday. Out of state teams will take preference to schedule requests.

Team Fees: \$650 per team for 4 game guarantee

Divisions: 14U, and 16/18U

Games will be played at Discovery Park, Heritage Middle School, Settlers Park, and other local fields

The schedule will be sent out by Monday, May 19th to the email listed below and on IdahoSoftball.com

Make sure all players and coaches have proper certifications or they will not be in the dugout.

Each team must register their team with Idaho Softball and provide an Official Idaho Softball Roster with each player's individual identification number. Rosters must be turned in at the Recreation Office before tournament play by Friday, May 9th, 2025.

Contact: recreation@meridiancity.org or mcombs@meridiancity.org

Phone: 208-888-3579

Ways to Register: First register on IdahoSoftball.com, complete the registration form. Once, paperwork is completed follow the below steps to make payment. Team spots are not guaranteed until all items are completed, and payment is received in full.

Phone-In - Call 208-888-3579 and pay over the phone with a credit card after emailing in your registration form and roster to recreation@meridiancity.org

Walk-In - Come into our office at 33 E. Broadway Ave., Suite 206, and pay in person with cash, check, or credit card.

Mail-In - Mail your registration form and payment to 33 E. Broadway Ave., Suite 206, Meridian, ID 83642. (Must be RECEIVED by the deadline.)

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Team Name:			14U 16/18U C
Team Manager:_		Phone:	
Idaho Softball Te	am ID #:		
Mailing Address:			
City:		State:	Zip:
Email Address:		-5	
	Paymo	ent Method (Office Use	Only)
Check #:	Cash:	Credit Card:In	Person or Online:
Date naid:	Amount Paid	City Receipt Number:	Received By: