



Columbus Consolidated  
Government  
Columbus Parks & Recreation  
Athletic Division  
3720 5<sup>th</sup> Avenue  
Columbus, Georgia 31904  
(706) 225-4506/ 4507 Office  
(706) 653-4594 FAX



October 1, 2014

Dear Coach:

We have assembled what we hope is a detailed packet of information. It is very important that you look over this information ASAP. **The roster form and team photo for the tournament program MUST be emailed to the Columbus Sports Council at [msherman@columbusga.org](mailto:msherman@columbusga.org) by 9:00 AM on Monday, October 27, 2014.** This will allow us to properly plan and execute state tournament activities. Items received after the deadline will not get into the tournament program.

**Opening Ceremonies** will take place on Thursday at **1:00 PM** at the Stadium. Teams will line up at 12:30 PM by classification. If your team has played a 10:30 AM game, proceed to the stadium immediately following the end of the game. Please ask the Team Check-In gate where your team needs to line up. Per GHSA, failure to have your team in the Opening Ceremonies in full softball uniform will result in a \$100.00 fine to the school.

We cordially invite you and your team to the XVI Olympiad Softball venue. The entire Columbus community is excited to be able to host the GHSA State Softball Championships. We trust your stay with us will be pleasant and a memorable experience. Please visit the Sport's Councils Facebook page at Columbus, GA Sports Council and website [www.columbusgasports.com](http://www.columbusgasports.com) for tournament photos.

Best Wishes,

Tommy Groce  
Tournament Director

# ROSTER & TEAM PHOTO FOR THE TOURNAMENT PROGRAM

**\*\*DEADLINE is MONDAY, OCTOBER 27, 2014\*\***

**\*\*\*BY 9:00 AM\*\*\***

Columbus Sports Council (706) 660-1996

EMAIL TO: [msherman@columbusga.org](mailto:msherman@columbusga.org)

SCHOOL NAME \_\_\_\_\_ FROM THE CITY OF \_\_\_\_\_

REGION \_\_\_\_\_ CLASSIFICATION \_\_\_\_\_ WIN AND LOST RECORD \_\_\_\_\_

COACH NAME & ADDRESS: \_\_\_\_\_

CELL PHONE (\_\_\_\_) \_\_\_\_\_ WORK PHONE (\_\_\_\_) \_\_\_\_\_ HOME PHONE(\_\_\_\_) \_\_\_\_\_

School			
City, State			
Coach:			
2014 Record:			
<b>Uniform #</b>	<b>Name</b>	<b>Position</b>	<b>Class</b>
<b>Coaches/Managers</b>			

Roster can be completed in Microsoft Word or Excel and then emailed to [msherman@columbusga.org](mailto:msherman@columbusga.org).  
**Rosters and Team Photos MUST be emailed in order to be included in the program.**

**CONGRATULATIONS!**

*You have qualified for State...*



## **HOTEL RESERVATION ASSISTANCE**

Please go to [www.visitcolumbusga.com](http://www.visitcolumbusga.com).

This site allows you to book directly with the hotel of your choice from a list and receive a confirmation number.

If you need further assistance, please contact Ashley Woitena at the **Columbus Convention and Visitors Bureau**, at 800-999-1613 or 706-317-2110 or email [awoitena@visitcolumbusga.com](mailto:awoitena@visitcolumbusga.com). **Please reference “GHSA Housing”!**



## **2014 GHSA SOFTBALL STATE TOURNAMENT CONGRATULATIONS!**

Please read the “General Instructions” very carefully. Each year we have problems arise because the coaches/team representatives did not follow the instructions. All required paperwork is required to be completed and turned in at the “Team Entry Gate” upon your official check-in at the complex.

Enclosed you have the following forms:

- **OFFICIAL TEAM TRAVEL FORM** – Please fill out this form out completely and turn it in at the “Team Entry Gate” at the arena. You are allowed to list (20) names on this form.
- **LINE-UPS/COIN TOSS** – Line-up cards, and the coin toss to determine “home team”, will be conducted with the official score keeper thirty (30) minutes prior to each game.
- **EXCESS TEAM ENTRY FORM** – List names on this form of individuals who are part of your team operations over the limit of the (20) names on the **TEAM TRAVEL FORM**.
- **GAME ADMINISTRATOR/RESOURCE OFFICER** – Each school is responsible to have an Administrator and/or Resource Office on site during the game. Please provide the name and cell # of those individuals on the enclosed form and submit it to the “Game Manager” upon arrival at the venue.
- **OPENING CEREMONIES** – All teams **MUST** participate and be in game uniforms for this event. Failure to participate and/or be in game uniform will result in fine to the guilty school(s).

**THE GHSA OFFICE WISHES YOU AND YOUR TEAM THE BEST OF  
LUCK THROUGHOUT THE TOURNAMENT.**

# **GAME ADMINISTRATORS SCHOOL RESOURCE OFFICERS**

Please list the individual(s), and their cell phone numbers, who will be in attendance at the GHSA State Tournament contest.

## ADMINISTRATORS

NAME: \_\_\_\_\_

POSITION: \_\_\_\_\_

CELL PHONE #: \_\_\_\_\_

NAME: \_\_\_\_\_

POSITION: \_\_\_\_\_

CELL PHONE #: \_\_\_\_\_

## RESOURCE OFFICERS

NAME: \_\_\_\_\_

POSITION: \_\_\_\_\_

CELL PHONE #: \_\_\_\_\_

NAME: \_\_\_\_\_

POSITION: \_\_\_\_\_

CELL PHONE #: \_\_\_\_\_

The head coach is responsible for turning in this form prior to the "Game Manager" upon arrival at the venue.

# OFFICIAL TEAM TRAVEL FORM

SCHOOL: \_\_\_\_\_

Each team is allowed (20) names on the "Team Travel Form, consisting of players, managers, trainers, statisticians, etc. Coaches are admitted on their GHSA Coaches Pass. Teams wishing to admit more than the (20) names on this form must list the names of those individuals on the "Excess Team Entry Form" at the team entry gate.

NAME	FUNCTION (player, manager, etc.)
1 _____	_____
2 _____	_____
3 _____	_____
4 _____	_____
5 _____	_____
6 _____	_____
7 _____	_____
8 _____	_____
9 _____	_____
10 _____	_____
11 _____	_____
12 _____	_____
13 _____	_____
14 _____	_____
15 _____	_____
16 _____	_____
17 _____	_____
18 _____	_____
19 _____	_____
20 _____	_____

COACH: \_\_\_\_\_ DATE: \_\_\_\_\_

NOTE: The head coach is responsible for turning in this form when entering the "Team Entry Gate".

# EXCESS TEAM ENTRY FORM

SCHOOL: \_\_\_\_\_

Teams wishing to admit more than the (20) names must list the names of those individuals on this "Excess Team Entry Form" at the team entry gate.

NAME	FUNCTION (player, manager, etc.)
1 _____	_____
2 _____	_____
3 _____	_____
4 _____	_____
5 _____	_____
6 _____	_____
7 _____	_____
8 _____	_____
9 _____	_____
10 _____	_____
11 _____	_____
12 _____	_____
13 _____	_____
14 _____	_____
15 _____	_____
16 _____	_____
17 _____	_____
18 _____	_____
19 _____	_____
20 _____	_____

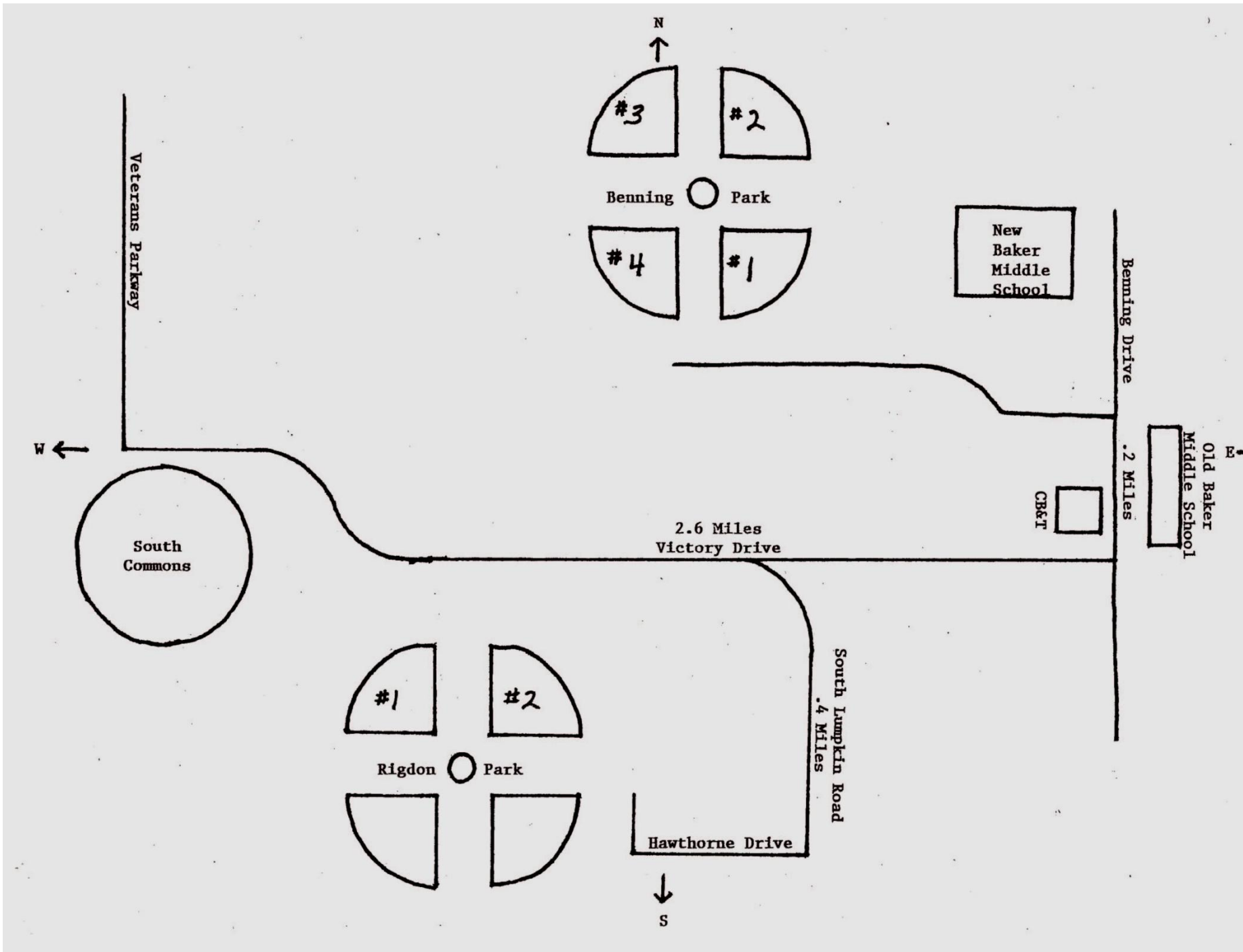
COACH: \_\_\_\_\_ DATE: \_\_\_\_\_

**The head coach is responsible for turning in this form prior to the "Game Manager" upon arrival at the venue.**

# **SOUTH COMMONS COMPLEX POLICY**

- 1. All team members must enter the complex through the player's gate (See enclosed map). This will be the only gate Players and Coaches will be allowed to enter free of charge. If team members or coaches enter main gate, admission will be charged.**
- 2. Team Buses and Team Vans will be admitted free (no charge for parking) through the team parking entrance by Lumpkin Boulevard entrance. Individual vehicles will be charged a \$5.00 daily pass for parking charge.**
- 3. Alcoholic beverages are prohibited in all areas.**
- 4. Glass containers are prohibited in all areas.**
- 5. All Team Coolers must be taken in complex through team gate.  
No individual coolers are allowed in complex through main gate.**
- 6. Top line of the bracket uses first base dugout unless a team is playing back-to-back on that field.**
- 7. No pepper games between dugouts.**
- 8. No ball-toss drills on field fence.**
- 9. Animals are prohibited in all areas (except seeing-eye dogs)**
- 10. Lineups: Lineup cards are provided by the scorekeeper or on site staff. A copy of your lineup should be given to the scorekeeper 15 minutes prior to scheduled game time. Give original copy of lineup to umpire, second copy to scorekeeper, third copy to opposing coach or manager. The fourth copy is for your use. Give all substitutions to home plate umpire.**
- 11. Coin Toss: Coaching staff shall be available 15 minutes prior to scheduled game time for the purpose of home/visitor designation. Official scorekeeper shall administer this and team shall receive one new game ball to warm up.**
- 12. Teams are prohibited from warming up inside the confines (between fields) of South Commons complex. Practice areas may be found at Benning Park and Rigdon Park. Practice times will be available Wednesday and Thursday only and shall be reserved at (706) 225-4506. Practices on Friday and Saturday will be on a first come first serve basis. Enclosed in your packet is a detailed map that will enable you to travel between these practice areas and South Commons complex in a matter of 10 minutes or less. Please limit warm-up on the tournament playing fields to the outfield grass. It is our intention to prepare the infield to the best of our ability with the time allotted between games. If either team gets on the dirt, with the intentions of warming up, before the grounds crew finishes, work will cease and they will immediately leave the field.**





◆ To Fort Benning

TEAM  
PARKING  
ENTRANCE

Lumpkin Boulevard

Victory Drive

TEAM  
ENTRANCE  
GATE

TEAM  
PARKING

Spectator  
Parking

Spectator  
Parking

Civic  
Center

10th Avenue

SPECTATOR  
MAIN  
GATE

Spectator  
Parking

SPECTATOR  
ENTRANCE

Veterans  
Parkway

3rd Avenue



Site of  
International  
Superball Classic

4th Street

