

Date: May 04,2026

To: Mayor and Board of Alderman

From: Roosevelt Brown/ Director of Parks and Recreation

Re: Approval for Reimbursement to VGSA for Insurance

The Parks and Recreation Department is seeking approval for the reimbursement of Insurance for Vicksburg Girls Softball Association (VGSA) 2026 softball season. Which has 225 girls from 6u age divisions in the amount of \$4,006.60.

The amount for each is:

League Insurance-\$2,358.00 for 6U-12U and \$764.00 for 18U totaling \$3,122.00

Dizzy Dean Sanction Fees- \$270.00 for 6U-12U and \$60.00 for 16U totaling \$330.00

Catchers gear- \$8.00 sets totaling \$554.60

Total- \$4,006.60

VGSA

P. O. Box 821941

Vicksburg, MS 39182

Recreation for All

Roosevelt Brown

Director of Parks and Recreation



P.O. Box 821941
Vicksburg, MS 39182

April 26, 2026

City of Vicksburg
Parks and Recreation Dept
Roosevelt Brown, Director

Roosevelt:

Enclosed you will find the paperwork and expense information for the VGSA league insurance for the year, Dizzy Dean sanction fees, and eight (8) sets of catcher's gear which we purchased this season.

The amount for each is:

League insurance-\$2358 for 6U-12U and \$764 for 16U totaling \$3122
Dizzy Dean Sanction Fees-\$270 for 6U-12U and \$60 for 16U totaling \$330
Catchers gear-\$8 sets totaling \$554.60

Total-\$4006.60

No balls were needed this season. Our final player count came in at 248 players in the five age groups.

Please submit the following to the City of Vicksburg to be put on the meeting agenda for approval for reimbursement to the Vicksburg Girls Softball Association.

Sincerely,

Michael Foley
League President
Vicksburg Girls Softball Association

2026
TEAM INSURANCE ENROLLMENT FORM
 1-800-447-6797

TEAM OR LEAGUE NAME VICKSBURG GIRLS SOFTBALL ASSOC.
 ADDRESS P.O. Box 821941
 CITY Vicksburg STATE MS ZIP 39181
 CONTACT PERSON MIKE FOLEY TITLE President
 PHONE (870) 208 6260 EMAIL VICKSBURG9950@GMAIL.COM

YES NO Do you confirm that you have a waiver system in place?

YES NO Are you aware of any claims or incidents in the past 5 years?

YES NO Do any operations take place on a residential property?

Select the age group below based on the oldest player on the team and everyone younger on the team will be covered.

Age: (circle one)		Sport: (circle one)		# of Teams:	Rate:	Total:
12 & Under	16 - 18	Softball	Volleyball	18	131 ⁰⁰	2358 ⁰⁰
13 - 15	Adult	Baseball	Basketball			

SAM = 28 team

Age: (circle one)		Sport: (circle one)		# of Teams:	Rate:	Total:
12 & Under	16 - 18	Softball	Volleyball			
13 - 15	Adult	Baseball	Basketball			

Age: (circle one)		Sport: (circle one)		# of Teams:	Rate:	Total:
12 & Under	16 - 18	Softball	Volleyball			
13 - 15	Adult	Baseball	Basketball			

Age: (circle one)		Sport: (circle one)		# of Teams:	Rate:	Total:
12 & Under	16 - 18	Softball	Volleyball			
13 - 15	Adult	Baseball	Basketball			

Age: (circle one)		Sport: (circle one)		# of Teams:	Rate:	Total:
12 & Under	16 - 18	Softball	Volleyball			
13 - 15	Adult	Baseball	Basketball			

Grand Total: **2358⁰⁰**

For Sexual Abuse & Molestation coverage please call our office before mailing the check.

Purchase Online at: WWW.CHAPPELLINSURANCE.COM
 There is an administration fee of \$10 for individual teams and a 3% fee for league/group teams added to purchase if paid by credit card or
 Make Check Payable to: Chappell Insurance Services, LLC &
 Mail to: 4335 Cox Road, Suite 4335, Glen Allen, VA, 23060

TEAM INSURANCE ENROLLMENT FORM

1-800-447-6797

TEAM OR LEAGUE NAME Vicksburg Girls Softball Assoc
 ADDRESS P.O. Box 821941
 CITY VICKSBURG STATE MS ZIP 39181
 CONTACT PERSON MIKE FOLEY TITLE President
 PHONE (870) 208 6260 EMAIL VICKSBURG959@GMAIL.COM

YES NO Do you confirm that you have a waiver system in place?

YES NO Are you aware of any claims or incidents in the past 5 years?

YES NO Do any operations take place on a residential property?

Select the age group below based on the oldest player on the team and everyone younger on the team will be covered.

Age: (circle one)		Sport: (circle one)		# of Teams:	Rate:	Total:
12 & Under	16 - 18	Softball	Volleyball	4	191	764 ⁰⁰
13 - 15	Adult	Baseball	Basketball			

SAM =
8 per team

Age: (circle one)		Sport: (circle one)		# of Teams:	Rate:	Total:
12 & Under	16 - 18	Softball	Volleyball			
13 - 15	Adult	Baseball	Basketball			

Age: (circle one)		Sport: (circle one)		# of Teams:	Rate:	Total:
12 & Under	16 - 18	Softball	Volleyball			
13 - 15	Adult	Baseball	Basketball			

Age: (circle one)		Sport: (circle one)		# of Teams:	Rate:	Total:
12 & Under	16 - 18	Softball	Volleyball			
13 - 15	Adult	Baseball	Basketball			

Age: (circle one)		Sport: (circle one)		# of Teams:	Rate:	Total:
12 & Under	16 - 18	Softball	Volleyball			
13 - 15	Adult	Baseball	Basketball			

Grand Total: 764⁰⁰

For Sexual Abuse & Molestation coverage please call our office before mailing the check.

Purchase Online at: WWW.CHAPPELLINSURANCE.COM
 There is an administration fee of \$10 for individual teams and a 3% fee for league/group teams added to purchase if paid by credit card or
 Make Check Payable to: Chappell Insurance Services, LLC &
 Mail to: 4335 Cox Road, Suite 4335, Glen Allen, VA, 23060



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/23/2026

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION** IS **WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Chappell Insurance 4335 Cox Rd, Ste 4335 Glen Allen, VA, 23060		CONTACT NAME: Daryl Chappell	
		PHONE (A/C, No. Ext): 804-733-2020	FAX (A/C, No): 804-591-1603
		E-MAIL ADDRESS: daryl@chappellinsurance.com	
INSURED Vicksburg Girls Softball Assoc. PO Box 821941 Vicksburg, MS 39183		INSURER(S) AFFORDING COVERAGE	
		INSURER A: SiriusPoint America Insurance Company	NAIC # 38776
		INSURER B: Axis Insurance Company	37273
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

(18) Teams in Vicksburg Girls Softball Assoc.group

COVERAGES CERTIFICATE NUMBER: NS-SB-34S-003064 REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	X		PLH03GL00000693	01/01/2026 12:01 AM	01/01/2027 12:01 AM	EACH OCCURRENCE \$ 2,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000
	<input checked="" type="checkbox"/> SAM - \$1 million/\$2 million						MED EXP (Any one person) \$
	<input checked="" type="checkbox"/> See Addendum						PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 5,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS-COMP/OP AGG \$ 2,000,000
	<input checked="" type="checkbox"/> OTHER:						Participant Legal Liability \$ 1,000,000
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR						EACH OCCURRENCE \$
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION						\$
B	PARTICIPANT ACCIDENT			SRPO188416-00	01/01/2026 12:01 AM	01/01/2027 12:01 AM	EXCESS MEDICAL \$ 100,000
							DEDUCTIBLE \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Coverage includes amateur play and practice in the insured sport for Vicksburg Girls Softball Assoc. NS-SB-34S-003064. The certificate holder is named as an additional insured but only with respect to the operations of the named insured. Sport Insured: Softball. Age Group: 12 & Under.

Page 1 of 2

Coverage Effective From 01:07 PM on 02/19/2026 TO 01/01/2027

CERTIFICATE HOLDER CITY OF VICKSBURG & MAYOR AND ALDERMAN PO BOX 150 Vicksburg, MS 39181	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Certificate Number: NS-SB-34S-003064	AUTHORIZED REPRESENTATIVE

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ACORD 25 (2016/03)

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Notice to Texas Insureds: The insurer for the purchasing group may not be covered by an insurance insolvency guarantee fund or similar mechanism and the insurer of the group is not subject to all the insurance laws and regulations of this state.

ACORDTM**ADDITIONAL REMARKS SCHEDULE**Page 2 of 2

AGENCY Chappell Insurance Agency, Inc.		NAMED INSURED Vicksburg Girls Softball Assoc. PO Box 821941 Vicksburg, MS 39183	
POLICY NUMBER GL PLH03GL00000693		EFFECTIVE DATE: SEE ACORD 25	
CARRIER SEE ACORD 25	NAIC CODE		
ADDITIONAL REMARKS			

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

Certificate Number NS-SB-34S-003064

SEXUAL ABUSE/MOLESTATION
\$1,000,000 PER OCCURRENCE
\$2,000,000 AGGREGATE

WITH RESPECTS TO SEXUAL ABUSE/MOLESTATION COVERAGE PROVIDED UNDER THIS POLICY, IT IS AGREED THAT NO COVERAGE APPLIES TO MEMBER TEAMS, LEAGUES, DIRECTORS, OR AFFILIATES THAT DO NOT MEET THE FOLLOWING CRITERIA:

1. SYSTEM IN PLACE TO PERFORM AND RUNNING CRIMINAL BACKGROUND CHECKS ON PAID STAFF AND VOLUNTEERS
2. HAVE WRITTEN PROCEDURES THAT INCLUDE SEXUAL ABUSE AND MOLESTATION PREVENTION
3. HAVE WRITTEN PROCEDURES THAT INCLUDE A RESPONSE PLAN FOR ALLEGATIONS OF SEXUAL ABUSE AND MOLESTATION. THE PLAN MUST SPECIFY THAT LAW ENFORCEMENT IS TO BE CONTACTED IN THE EVENT OF AN ALLEGATION

Sexual Abuse Molestation coverage effective from 01:07 PM on 02/19/2026 TO 01/01/2027

Date Issued: 02/23/2026

2026-VISA-4160 TEAMS



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/26/2026

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Chappell Insurance 4335 Cox Rd, Ste 4335 Glen Allen, VA, 23060		CONTACT NAME: Daryl Chappell	
		PHONE (A/C, No. Ext): 804-733-2020	FAX (A/C, No): 804-591-1603
		E-MAIL ADDRESS: daryl@chappellinsurance.com	
INSURED Vicksburg Girls Softball Association 1236 Thompson Lake Rd Vicksburg, MS 39183		INSURER(S) AFFORDING COVERAGE	
		INSURER A: SiriusPoint America Insurance Company	NAIC # 38776
		INSURER B: Axis Insurance Company	37273
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

(4)Teams in Vicksburg Girls Softball Associationgroup

COVERAGES **CERTIFICATE NUMBER:** NS-SB-36S-004863 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	X		PLH03GL00000693	01/01/2026 12:01 AM	01/01/2027 12:01 AM	EACH OCCURRENCE \$ 2,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000
	<input checked="" type="checkbox"/> SAM - \$1 million/\$2 million						MED EXP (Any one person) \$
	<input checked="" type="checkbox"/> See Addendum						PERSONAL & ADV INJURY \$ 1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$ 5,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS-COMP/OP AGG \$ 2,000,000
	<input checked="" type="checkbox"/> OTHER:						Participant Legal Liability \$ 1,000,000
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR						EACH OCCURRENCE \$
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION						\$
B	PARTICIPANT ACCIDENT			SRPO188416-00	01/01/2026 12:01 AM	01/01/2027 12:01 AM	EXCESS MEDICAL \$ 100,000
							DEDUCTIBLE \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Coverage includes amateur play and practice in the insured sport for Vicksburg Girls Softball Association NS-SB-36S-004863. The certificate holder is named as an additional insured but only with respect to the operations of the named insured. Sport Insured: Softball. Age Group: 16-18.

Page 1 of 2

Coverage Effective From 02:56 PM on 04/18/2026 TO 01/01/2027

CERTIFICATE HOLDER City of Vicksburg Mayor and Alderman and Alderwoman Included P.O. Box 150 Vicksburg, MS 39181	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Certificate Number: NS-SB-36S-004863	AUTHORIZED REPRESENTATIVE

Notice to Texas Insureds: The insurer for the purchasing group may not be covered by an insurance insolvency guarantee fund or similar mechanism and the insurer of the group is not subject to all the insurance laws and regulations of this state.

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ADDITIONAL REMARKS SCHEDULE

AGENCY Chappell Insurance Agency, Inc.		NAMED INSURED Vicksburg Girls Softball Association 1236 Thompson Lake Rd Vicksburg, MS 39183	
POLICY NUMBER GL PLH03GL00000693			
CARRIER SEE ACORD 25	NAIC CODE	EFFECTIVE DATE: SEE ACORD 25	
ADDITIONAL REMARKS			

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM.

FORM NUMBER: ACORD 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

Certificate Number NS-SB-36S-004863

SEXUAL ABUSE/MOLESTATION
 \$1,000,000 PER OCCURRENCE
 \$2,000,000 AGGREGATE

WITH RESPECTS TO SEXUAL ABUSE/MOLESTATION COVERAGE PROVIDED UNDER THIS POLICY, IT IS AGREED THAT NO COVERAGE APPLIES TO MEMBER TEAMS, LEAGUES, DIRECTORS, OR AFFILIATES THAT DO NOT MEET THE FOLLOWING CRITERIA:

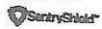
1. SYSTEM IN PLACE TO PERFORM AND RUNNING CRIMINAL BACKGROUND CHECKS ON PAID STAFF AND VOLUNTEERS
2. HAVE WRITTEN PROCEDURES THAT INCLUDE SEXUAL ABUSE AND MOLESTATION PREVENTION
3. HAVE WRITTEN PROCEDURES THAT INCLUDE A RESPONSE PLAN FOR ALLEGATIONS OF SEXUAL ABUSE AND MOLESTATION. THE PLAN MUST SPECIFY THAT LAW ENFORCEMENT IS TO BE CONTACTED IN THE EVENT OF AN ALLEGATION

Sexual Abuse Molestation coverage effective from 02:56 PM on 04/18/2026 TO 01/01/2027

Date Issued: 04/26/2026

VICKSBURG GIRLS SOFTBALL ASSN
P.O. BOX 821941
VICKSBURG, MS 39182

85-164/653



3008

DATE 3/12/26

PAY TO
THE ORDER OF

Dizzy DEAR SOFTBALL

\$ 270⁰⁰

Two hundred seventy dollars

DOLLARS



Security Features
Included.
Details on Back.

RIVERHILLS BANK
WWW.RIVERHILLSBANK.COM

MEMO 2026 CU-DEV S M E T A P 79

Mc Murray

⑆065301647⑆ 391 880 2⑈ 3008

VICKSBURG GIRLS SOFTBALL ASSN

P.O. BOX 821941
VICKSBURG, MS 39182

85-164/653



3018

DATE

4/16/26

PAY TO

THE ORDER OF

Dizzy Dears Softball

\$ 60⁰⁰

Sixty Dollars

DOLLARS



Security Features
Included.
Details on Back.

RIVERHILLS BANK

WWW.RIVERHILLSBANK.COM

MEMO

160-4 TEAMS

ME My

MP

⑆065301647⑆ 391 880 211 3018



This executed document will accompany franchising documents submitted to Dizzy Dean Baseball and Softball

As a mandatory requirement to affiliate with Dizzy Dean Baseball and Softball, our league certified it will comply with all of the following:

Our league will comply with Federal law as set forth in Senate Bill 534 – Protecting Youth from Sexual Abuse and Safe Sport Act of 2017 (“Safe Sport Act”).

THIS IS DUE TO STATE DIRECTOR BY APRIL 17, 2026

Further, our league understands it should conduct, at a minimum, a third-party criminal background check which searches the National Criminal Database and the National Sex Offender Registry in all 50 states on all managers and coaches, umpires and other officials in our league who have close contact with minor athletes.

Note: In addition to sending this form at the beginning of the season, each league must also certify to the Dizzy Dean Tournament Directors that all managers and coaches on its tournament teams which advance to tournament play including all district, area, regional, state and the Dizzy Dean World Series have passed the criminal background checks described above.

Name of League: VICKSBURG GIRLS SOFTBALL ASSOC

Signature of President of League: *ME [Signature]*

Date: 3/12/26

SOFTBALL

APPLICATION FOR SANCTION

Date: 3/12/26 This form must be postmarked by April 15th (Ages 5 thru 12), or by June 15th (Ages 13 thru 19)

Our league VICKSBURG GIRLS SOFTBALL ASSOCIATION herewith applies for membership in DIZZY DEAN SOFTBALL for the (year) 2026 season.

Enclosed is check/money order in the amount of \$ 90.00 to cover fees for teams and leagues as indicated below.

* No more than 1 (one) Age Group per Sanction Form. *

CHECK APPROPRIATE AGE DIVISION	<input type="checkbox"/> 5	<input type="checkbox"/> 7	<input type="checkbox"/> 9	<input type="checkbox"/> 11	<input type="checkbox"/> 13	<input type="checkbox"/> 15	<input type="checkbox"/> 17-19
	<input checked="" type="checkbox"/> 6	<input type="checkbox"/> 8	<input type="checkbox"/> 10	<input type="checkbox"/> 12	<input type="checkbox"/> 14	<input type="checkbox"/> 16	<input type="checkbox"/> DOUBLE

Farm League:	6 and Under	<u>6</u>	Teams @ \$15.00 = \$ <u>90.00</u>
Farm League:	8 and Under	_____	Teams @ \$15.00 = \$ _____
Minor League:	10 and Under	_____	Teams @ \$15.00 = \$ _____
Freshman League:	12 and Under	_____	Teams @ \$15.00 = \$ _____
Sophomore League:	14 and Under	_____	Teams @ \$15.00 = \$ _____
Junior League:	16 and Under	_____	Teams @ \$15.00 = \$ _____
Senior League:	19 and Under	_____	Teams @ \$15.00 = \$ _____
Double Franchise:	16 and Under	_____	Teams @ \$30.00 = \$ _____
Double Franchise:	_____	_____	Teams @ \$30.00 = \$ _____

THIS IS DUE TO STATE DIRECTOR BY APRIL 17, 2026

We, the undersigned, agree that in the granting of this sanction, we shall abide by the regulations of DIZZY DEAN SOFTBALL.

League Contact: Michael Foley Mailing Address: _____ State: _____ Zip: _____
 Phone #1: _____ Phone #2: _____ Email: _____

President: Michael Foley Mailing Address: 200 GEORGIAN AVE. E8 City: VICKSBURG State: MS Zip: 39180
 Phone #1: 870 200 6260 Phone #2: _____ Email: VICKSBURGSA@GMAIL.COM

Secretary/Treasurer: Hannah Smith Mailing Address: 201 FREDIA LANE City: VICKSBURG MS State: MS Zip: 39180
 Phone #1: (601) 218-9703 Phone #2: _____ Email: VICKSBURGSA@GMAIL.COM

* Player Agent: Jessica Ward Mailing Address: 105 Summer Hill City: Vicksburg State: _____ Zip: 39180
 Phone #1: (601) 831-4439 Phone #2: _____ Email: VICKSBURGSA@GMAIL.COM

* PLAYER AGENT AND CONTACT INFORMATION MUST BE SUPPLIED.

DATE: 3/12/26 SIGNED: [Signature] Authorized Officer

Attach each "Team Certificate of Entry" for this Age Group. In the event that the Rosters are not ready, attach a list of teams in this Age Group and mail the rosters later. * DO NOT HOLD UP THIS FORM *

PLEASE MAKE ALL CHECKS / MONEY ORDERS PAYABLE TO DIZZY DEAN

SOFTBALL

APPLICATION FOR SANCTION

Date: 3/12/26 This form must be postmarked by April 15th (Ages 5 thru 12), or by June 15th (Ages 13 thru 19)

Our league VICKSBURG GIRLS SOFTBALL ASSOCIATION herewith applies for membership in DIZZY DEAN SOFTBALL for the (year) 2026 season.

Enclosed is check/money order in the amount of \$ 90.00 to cover fees for teams and leagues as indicated below.

* No more than 1 (one) Age Group per Sanction Form. *

CHECK APPROPRIATE AGE DIVISION	<input type="checkbox"/> 5	<input type="checkbox"/> 7	<input type="checkbox"/> 9	<input type="checkbox"/> 11	<input type="checkbox"/> 13	<input type="checkbox"/> 15	<input type="checkbox"/> 17-19
	<input checked="" type="checkbox"/> 6	<input checked="" type="checkbox"/> 8	<input type="checkbox"/> 10	<input type="checkbox"/> 12	<input type="checkbox"/> 14	<input type="checkbox"/> 16	<input type="checkbox"/> DOUBLE

Farm League:	6 and Under	_____	Teams @ \$15.00 = \$ _____
Farm League:	8 and Under	<u>6</u>	Teams @ \$15.00 = \$ <u>90.00</u>
Minor League:	10 and Under	_____	Teams @ \$15.00 = \$ _____
Freshman League:	12 and Under	_____	Teams @ \$15.00 = \$ _____
Sophomore League:	14 and Under	_____	Teams @ \$15.00 = \$ _____
Junior League:	16 and Under	_____	Teams @ \$15.00 = \$ _____
Senior League:	19 and Under	_____	Teams @ \$15.00 = \$ _____
Double Franchise:	16 and Under	_____	Teams @ \$30.00 = \$ _____
Double Franchise:		_____	Teams @ \$30.00 = \$ _____

THIS IS DUE TO STATE DIRECTOR BY APRIL 17, 2026

We, the undersigned, agree that in the granting of this sanction, we shall abide by regulations of DIZZY DEAN SOFTBALL.

League Contact: Michael Foley Mailing Address: _____ State: _____ Zip: _____

Phone #1: _____ Phone #2: _____ Email: _____

President: Michael Foley Mailing Address: 200 GEORGIAN AVE E8 State: MS Zip: 39180

City: VICKSBURG Email: VICKSBURG99SA@GMAIL.COM

Phone #1: 870 208 6260 Phone #2: _____

Secretary/Treasurer: Hannah Smith Mailing Address: 201 FREDA LANE State: MS Zip: 39180

City: VICKSBURG MS Email: VICKSBURG99SA@GMAIL.COM

Phone #1: (601) 218-9783 Phone #2: _____

* Player Agent: Jessica Ward Mailing Address: _____ State: 105 Summer Hill Zip: 39180

City: Vicksburg Email: VICKSBURG99SA@GMAIL.COM

Phone #1: (601) 831-4439 Phone #2: _____

DATE: 3/12/26 SIGNED: ME MY Authorized Officer

Attach each "Team Certificate of Entry" for this Age Group. In the event that the Rosters are not ready, attach a list of teams in this Age Group and mail the rosters later. * DO NOT HOLD UP THIS FORM * PLEASE MAKE ALL CHECKS / MONEY ORDERS PAYABLE TO DIZZY DEAN

SOFTBALL

APPLICATION FOR SANCTION

Date: 3/12/26 This form must be postmarked by April 15th (Ages 5 thru 12), or by June 15th (Ages 13 thru 19)

Our league VICKSBURG GIRLS SOFTBALL ASSOCIATION herewith applies for membership in DIZZY DEAN SOFTBALL for the (year) 2020 season.

Enclosed is check/money order in the amount of \$ 60⁰⁰ to cover fees for teams and leagues as indicated below.

* No more than 1 (one) Age Group per Sanction Form. *

CHECK APPROPRIATE AGE DIVISION	<input type="checkbox"/> 5	<input type="checkbox"/> 7	<input type="checkbox"/> 9	<input type="checkbox"/> 11	<input type="checkbox"/> 13	<input type="checkbox"/> 15	<input type="checkbox"/> 17-19
	<input checked="" type="checkbox"/> 6	<input type="checkbox"/> 8	<input checked="" type="checkbox"/> 10	<input type="checkbox"/> 12	<input type="checkbox"/> 14	<input type="checkbox"/> 16	<input type="checkbox"/> DOUBLE
Farm League:	6 and Under		_____		Teams @ \$15.00 = \$ _____		
Farm League:	8 and Under		_____		Teams @ \$15.00 = \$ _____		
Minor League:	10 and Under		<u>4</u>		Teams @ \$15.00 = \$ <u>60⁰⁰</u>		
Freshman League:	12 and Under		_____		Teams @ \$15.00 = \$ _____		
Sophomore League:	14 and Under		_____		Teams @ \$15.00 = \$ _____		
Junior League:	16 and Under		_____		Teams @ \$15.00 = \$ _____		
Senior League:	19 and Under		_____		Teams @ \$15.00 = \$ _____		
Double Franchise:	16 and Under		_____		Teams @ \$30.00 = \$ _____		
Double Franchise:	_____		_____		Teams @ \$30.00 = \$ _____		

THIS IS DUE TO STATE DIRECTOR BY APRIL 17, 2026

We, the undersigned, agree that in the granting of this sanction, we shall abide by the regulations of DIZZY DEAN SOFTBALL.

League Contact: Michael Foley Mailing Address: _____ State: _____ Zip: _____
 Phone #1: _____ Phone #2: _____ Email: _____

President: Michael Foley Mailing Address: 200 GEORGIAN AVE E8 State: MS Zip: 39180
 City: VICKSBURG Phone #1: 870 209 6260 Phone #2: _____ Email: VICKSBURG92A@GMAIL.COM

Secretary/Treasurer: Hannah Smith Mailing Address: 201 FREDA LANE State: MS Zip: 39180
 City: VICKSBURG MS Phone #1: (601) 218-9783 Phone #2: _____ Email: VICKSBURG92A@GMAIL.COM

* Player Agent: Jessica Ward Mailing Address: 105 Summer Hill State: MS Zip: 39180
 City: Vicksburg Phone #1: (601) 831-4439 Phone #2: _____ Email: VICKSBURG92A@GMAIL.COM

* PLAYER AGENT AND CONTACT INFORMATION MUST BE SUPPLIED.

DATE: 3/12/26 SIGNED: ME [Signature] Authorized Officer

Attach each "Team Certificate of Entry" for this Age Group. In the event that the Rosters are not ready, attach a list of teams in this Age Group and mail the rosters later. *DO NOT HOLD UP THIS FORM*
 PLEASE MAKE ALL CHECKS / MONEY ORDERS PAYABLE TO: DIZZY DEAN

SOFTBALL

APPLICATION FOR SANCTION

Date: 3/12/26 This form must be postmarked by April 15th (Ages 5 thru 12), or by June 15th (Ages 13 thru 19)

Our league VICKSBURG GREAT SOFTBALL ASSOCIATION herewith applies for membership in DIZZY DEAN SOFTBALL for the (year) 2026 season.

Enclosed is check/money order in the amount of \$ 60 to cover fees for teams and leagues as indicated below.

* No more than 1 (one) Age Group per Sanction Form. *

CHECK APPROPRIATE AGE DIVISION	<input type="checkbox"/> 5	<input type="checkbox"/> 7	<input type="checkbox"/> 9	<input type="checkbox"/> 11	<input type="checkbox"/> 13	<input type="checkbox"/> 15	<input type="checkbox"/> 17-19
	<input checked="" type="checkbox"/> 6	<input type="checkbox"/> 8	<input type="checkbox"/> 10	<input type="checkbox"/> 12	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 16	<input type="checkbox"/> DOUBLE
Farm League:	6 and Under	_____	_____	_____	_____	_____	_____
Farm League:	8 and Under	_____	_____	_____	_____	_____	_____
Minor League:	10 and Under	_____	_____	_____	_____	_____	_____
Freshman League:	12 and Under	_____	_____	_____	_____	_____	_____
Sophomore League:	14 and Under	_____	_____	_____	_____	_____	_____
Junior League:	16 and Under	_____	_____	_____	_____	_____	_____
Senior League:	19 and Under	_____	_____	_____	_____	_____	_____
Double Franchise:	16 and Under	_____	_____	_____	_____	_____	_____
Double Franchise:	16 and Under	_____	_____	_____	_____	_____	_____

Teams @ \$15.00 = \$ _____
 Teams @ \$15.00 = \$ _____
 Teams @ \$15.00 = \$ _____
 Teams @ \$15.00 = \$ _____
 Teams @ \$15.00 = \$ _____
 Teams @ \$15.00 = \$ _____
 Teams @ \$30.00 = \$ _____

60.00

THIS IS DUE TO STATE DIRECTOR BY APRIL 17, 2026

We, the undersigned, agree that in the granting of this sanction, we shall abide by regulations of DIZZY DEAN SOFTBALL.

League Contact: Michael Foley Mailing Address: _____ State: _____ Zip: _____
 Phone #1: _____ Phone #2: _____ Email: _____

President: Michael Foley Mailing Address: 200 GEORGIAN AVE E8 State: MS Zip: 39180
 City: Vicksburg Phone #1: 970 208 6260 Phone #2: _____ Email: VICKSBURGSA@GMAIL.COM

Secretary/Treasurer: Hannah Smith Mailing Address: 201 FREDA LANE State: MS Zip: 39180
 City: Vicksburg MS Phone #1: (601) 218-9783 Phone #2: _____ Email: VICKSBURGSA@GMAIL.COM

* Player Agent: Jessica Ward Mailing Address: _____ State: 105 Summer Hill Zip: 39180
 City: Vicksburg Phone #1: (601) 331-4439 Phone #2: _____ Email: VICKSBURGSA@GMAIL.COM

* PLAYER AGENT AND CONTACT INFORMATION MUST BE SUPPLIED.

DATE: 3/12/26 SIGNED: ME MY Authorized Officer

Attach each "Team Certificate of Entry" for this Age Group. In the event that the Rosters are not ready, attach a list of teams in this Age Group and mail the rosters later. * DO NOT HOLD UP THIS FORM * PLEASE MAKE ALL CHECKS/MONEY ORDERS PAYABLE TO DIZZY DEAN SOFTBALL

Order Summary

Order placed February 24, 2026

Order # 111-2715759-7939437

Ship to

Lisa foley
200 GEORGANN DR APT E8
VICKSBURG, MS 39180-5834
United States

Payment method

Mastercard ending in 6275

[View related transactions](#)

Order Summary

Item(s) Subtotal:	\$388.34
Shipping & Handling:	\$0.00
Total before tax:	\$388.34
Estimated tax to be collected:	\$27.18
Grand Total:	\$415.52

Delivered February 28

Your package was left near the front door or porch.



Jadekylin 12" Baseball Catcher Gear Youth Age 5 to 8 (Royal Blue)

Sold by: Jadekylin

Return window closed on March 30, 2026

\$64.59

Delivered March 1

Your package was left near the front door or porch.



Jadekylin 12" Baseball Catcher Gear Youth Age 5 to 8 (Navy)

Sold by: Jadekylin

Return window closed on March 31, 2026

\$64.59

2

Delivered February 28

Your package was left near the front door or porch.



Jadekylin 12" Baseball Catcher Gear Youth Age 5 to 8 (Royal Blue)

Sold by: Jadekylin

Return window closed on March 30, 2026

\$64.59

Delivered March 2



Jadekylin 12" Baseball Catcher Gear Youth Age 5 to 8 (Red)

Sold by: Jadekylin

Return window closed on March 30, 2026

\$64.99

2

+ 139.08

* 554.60
total

[Back to top](#)

Order Summary

Order placed February 24, 2026

Order # 111-0600272-7536248

Ship to

Lisa foley
200 GEORGANN DR APT E8
VICKSBURG, MS 39180-5834
United States

Payment method

Mastercard ending in 6275

[View related transactions](#)

Order Summary

Item(s) Subtotal:	\$129.98
Shipping & Handling:	\$0.00
Total before tax:	\$129.98
Estimated tax to be collected:	\$9.10
Grand Total:	\$139.08

Delivered March 1

Your package was left near the front door or porch.



[Jadekylin 12" Baseball Catcher Gear Youth Age 5 to 8 \(Black\)](#)

Sold by: [Jadekylin](#)

Return window closed on March 31, 2026

\$64.99



[Jadekylin 12" Baseball Catcher Gear Youth Age 5 to 8 \(Black\)](#)

Sold by: [Jadekylin](#)

Return window closed on March 31, 2026

\$64.99

[Back to top](#)