



Babe Ruth Softball



Pacific Northwest Region

APPLICATION FORM

1. LEAGUE:

League Name: _____

City, State / Province: _____

State/Provincial Organization: _____

League President: _____

Mailing Address: _____

Ph: (____) ____ - ____ Fax: (____) ____ - ____ e-mail: _____

Tournament Director: _____

Mailing Address: _____

Ph: (____) ____ - ____ Fax: (____) ____ - ____ e-mail: _____

2. Describe your League's experience hosting Babe Ruth Tournament Trail events. (District / State/Provincial or Regional, etc.)

3. Practice field(s) availability?

4. Describe the local community as well as the activities available for visitors in the immediate area.

5. Describe the playing facility, including location, seating, concession stand, rest rooms, handicapped accessibility, etc. Picture of proposed playing field would be helpful. Also enclose a signed written agreement from the controlling entity (city, school district, other baseball association, etc.) guaranteeing exclusive use of the playing facility during the period of the Regional Tournament. Are playing fields lighted?

6. The Regional Tournament Agreement requires you to have medical attention on-site and available. How do you propose to meet this obligation?

7. Regional Tournament can have a very positive economic impact on your community. What other community events could affect the tournament either positively or negatively?

8. If you have any other thoughts or ideas about your application that you feel the Site Selection Committee should consider, please feel free to add them here.

Note: The Sponsoring Host may elect to sell individual family and/or group admissions (team tournament pass) for single games, sessions and/or the entire tournament but shall not charge or impose any mandatory fee, however characterized, upon any eligible tournament participant.

Tournament Format: The Tournament format will be made under the supervision of the Softball Assistant Regional Commissioner. The Sponsoring Host will determine game times on the established tournament dates with the approval of both the respective Softball Regional Commissioner and the Regional Commissioner. No times or dates will be changed once the tournament starts unless deemed necessary due to weather conditions or a continuation of a suspended game(s). Any change must be made with the approval of the Regional Tournament Commissioner in charge. The tournament dates are scheduled based upon the respective divisional World Series dates.

Applicant has read and understands each of the provisions of the current Tournament Agreement and agrees to abide by the provisions therein.

I hereby recommend and support acceptance of this League's application to host this Regional Tournament.

League President: _____

Date: _____

State/Provincial Commissioner _____

_____ Date