



**Iowa USSSA Baseball**

# 2010 Tournament Request & Agreement Form

Group Name: \_\_\_\_\_

Contact Person / Director: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Website: \_\_\_\_\_ Fax: \_\_\_\_\_

## HOST OBLIGATIONS TO IOWA USSSA BASEBALL

1. The Group / Agency and Tournament Director stated above and signing below is herein described as and will herein be known as the *Host*.
2. The *Host* agrees that this form is for a REQUEST for sanctioning with USSSA and agrees not to advertise this tournament until Iowa USSSA Baseball issues a tournament approval number.
3. The *Host* agrees to verify at [www.ussa.com](http://www.ussa.com) all teams are registered with USSSA for the current season (Aug 1 – July 31). If a team is not registered, the *Host* agrees to require the team to register on-line at [www.ussa.com](http://www.ussa.com) before their first game.
4. The *Host* agrees to obtain a signed copy of each team's Official USSSA On-line Roster before their first game. If a team does not have a signed copy of their Official USSSA On-line Roster, the *Host* agrees to require the team to complete an Official On-line Roster at [www.ussa.com](http://www.ussa.com) before their first game.
5. The *Host* agrees that no team will be allowed to participate in the tournament that does not tender proof of registration with USSSA for the current season year and tender a signed copy of the team's Official USSSA On-line Roster before their first game.
6. The *Host* agrees to email or fax a completed copy of all Tournament Result Forms to their Area Director within 24 hours of completion of the tournament.
7. The *Host* agrees to postmark and mail to Iowa USSSA Baseball within 72 hours of completion of the tournament via US Mail a completed Tournament Director's Package containing the following:
  - a. Tournament Director's Check List
  - b. Signed Copy of each team's Official USSSA On-line Roster
  - c. Tournament Results Forms including final standings and ALL game scores
  - d. All National and State Sanctioning Fees
8. The *Host* agrees that failure to email or fax a completed copy of all Tournament Result Forms to their Area Director within 24 hours and to postmark and mail the completed Tournament Director's Package to the State Office within 72 hours of completion of the tournament will result in a fine of \$5.00 per team entered plus other possible penalties as allowed by the USSSA National Bylaws.
9. The *Host* agrees to pay Iowa USSSA Baseball: \$20.00 per team State Sanctioning Fee for a USSSA Sanctioned event or \$35 per team State Sanctioning for a Global Sports Qualifying event.
10. The *Host* agrees to pay Iowa USSSA Baseball a \$75.00 National Sanctioning Fee (USSSA or Global Sports events).
11. In addition to above, if tournament is an USSSA NIT, the *Host* agrees to complete an NIT Bid Form and pay Iowa USSSA Baseball a \$750.00 National NIT Sanction Fee. This fee must be paid at least 60 days before the start of the event and must be paid before the event is listed as an NIT on the [www.iowaussa.com](http://www.iowaussa.com) website. If the event is not played, the NIT Fee will be refunded. The National NIT Sanction Fee must be paid before the tournament will be advertised as an NIT.
12. The *Host* agrees not to sanction a USSSA event with any other Association, Federation and / or league.
13. The *Host* agrees that the event will be played by the policies and procedures set forth with USSSA Bylaws. The *Host* agrees that any special rules associated with the tournament be submitted in writing to the State Director for review and approval. If approved, all teams will be informed of these rules upon entering the event.
14. The *Host* agrees to comply with all reasonable requests from the State Director.

As the Group / Agency Tournament Director (*Host*), I have completely read and agree to meet all obligations listed above (see items 1 – 14) for hosting a USSSA event. I fully understand that I am set to the highest standards in hosting the event and I will do all in my power to uphold the Positive reputation of USSSA.

\_\_\_\_\_  
Host Signature

\_\_\_\_\_  
Date

**Fax this form along with the Tournament Information Form to:  
Iowa USSSA Baseball: 800-966-0637**

STATE DIRECTOR  
Bob Egr  
2714 Caulder Avenue  
Des Moines, IA 50321  
Work: 515-256-0490  
Fax: 800-966-0637  
Bob@iowaussa.com  
www.iowaussa.com



# Iowa USSSA Baseball

## 2010 TOURNAMENT INFORMATION FORM

Tournament Name: \_\_\_\_\_

Tournament Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ thru \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Tournament Type: State Qualifier: \_\_\_\_ NIT: \_\_\_\_

Entry Deadline: \_\_\_\_\_ Tournament Format: \_\_\_\_\_

(Check all that apply for the event)

Age	Entry Fee	Max # of Teams	Open	Major	AAA	AA	A	All Star	Facility(circle) List Below
5									A B C D
6									A B C D
7									A B C D
8									A B C D
9									A B C D
10									A B C D
11									A B C D
12									A B C D
13									A B C D
14									A B C D
15									A B C D
16									A B C D

### FACILITY INFORMATION

Facility	Facility Name	Facility Address	# of	Web site
		City, State, Zip	Fields	
A				
B				
C				
D				

STATE DIRECTOR  
 Bob Egr  
 2714 Caulder Avenue  
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