



# Southeast Region

## Babe Ruth Baseball & Softball



### TOURNAMENT HOST APPLICATION FORM

**(Submit to your State Commissioner for endorsement.)**

#### 1. LEAGUE INFORMATION

League Name: \_\_\_\_\_

City, State: \_\_\_\_\_

Organization: \_\_\_\_\_

District #: \_\_\_\_\_

League President: \_\_\_\_\_

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

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ email: \_\_\_\_\_

#### 2. WHICH TOURNAMENT?

- |  |  |
|--|--|
| <input type="checkbox"/> Rookie              | <input type="checkbox"/> 12 Year-Old Major70 |
| <input type="checkbox"/> 9 Year-Old          | <input type="checkbox"/> 13 Year-Old         |
| <input type="checkbox"/> 10 Year-Old         | <input type="checkbox"/> 14 Year-Old         |
| <input type="checkbox"/> 11 Year-Old Major70 | <input type="checkbox"/> 13-15 Year-Old      |
| <input type="checkbox"/> 12 Year-Old Major60 | <input type="checkbox"/> 16-18 Year-Old      |
| <input type="checkbox"/> 8 Year-Old & Under  | <input type="checkbox"/> 14 Year-Old & Under |
| <input type="checkbox"/> 10 Year-Old & Under | <input type="checkbox"/> 16 Year-Old & Under |
| <input type="checkbox"/> 12 Year-Old & Under |  |

Which year? \_\_\_\_\_ if your League's application is not selected, would you be interested in hosting another age division tournament? If so, what age division?

- |                           |                           |
|---------------------------|---------------------------|
| _____ Rookie              | _____ 12 Year-Old Major70 |
| _____ 9 Year-Old          | _____ 13 Year-Old         |
| _____ 10 Year-Old         | _____ 14 Year-Old         |
| _____ 11 Year-Old Major70 | _____ 13-15 Year-Old      |
| _____ 12 Year-Old Major60 | _____ 16-18 Year-Old      |
| _____ 8 Year-Old & Under  | _____ 14 Year-Old & Under |
| _____ 10 Year-Old & Under | _____ 16 Year-Old & Under |
| _____ 12 Year-Old & Under |                           |

3. Describe your League's experience hosting Babe Ruth Tournament-trail events (i.e., District, State, or Regional tournaments). \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Number of playing field(s), location, etc. Who owns or controls the fields? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Describe the local community as well as the activities available for visitors in the immediate area.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Describe the proposed playing facilities (i.e., lighting, seating, concession, rest rooms, handicapped accessibility, etc.). Include a diagram or pictures of proposed playing field(s) outlining distances to the outfield fences, home plate to backstop and any/or unusual field conditions that may exist.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. The Regional Tournament Agreement requires you to have medical attention available. How do you propose to meet these obligations? \_\_\_\_\_

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8. A Regional Tournament can have a very positive economic impact on your community. What Plans do you have to tap into the community for support? \_\_\_\_\_

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9. If you have any other comments with respect to your application that you feel the Site Selection Committee should consider, please indicate them here: \_\_\_\_\_

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I certify that I have read and understand the requirements of the Southeast Regional document "A Guide for Hosting a Regional Tournament". All questions contained in this application have been answered to the best of my knowledge and understanding.

League President: \_\_\_\_\_ Date: \_\_\_\_\_