



Tournament Sanction Application

Sanction Fee: \$35

Name of Tournament _____

Tournament Site(s) _____

Date(s) of Tournament _____ Entry Fee \$ _____

Number of Games Guaranteed _____ Number of Teams Expected _____ Number of Umpires Per Game _____

Divisions of Play: Men ___ Women ___ Coed ___ Youth Boys ___ Youth Girls ___

Type of Play: ___ Fastpitch ___ Modified ___ Slowpitch

For Youth Only: (check all that apply) ___ 8u ___ 10U ___ 12U ___ 14u ___ 16U ___ 18U ___ High School (defined as 16 and 18u teams) Tournament

Sponsor _____

Tournament Director (contact) _____ Email _____

Address _____

City _____ State _____ Zip _____

Primary Phone _____ Alternate Phone _____

Awards Information

Team _____ Individual Player _____

If Age Group tournament, number of places each age group? _____

Additional Information:

District commissioners Approval and signature _____

No team is officially entered in any USA sanctioned tournament until the tournament director is provided a valid USA team ID number.

I hereby certify the above information is correct. And as the person responsible for the tournament, if sanctioned, agree to abide by all adopted Amateur USA Softball rules for invitational tournaments. Including, full responsibility of medical and liability insurance for teams and players that are not registered with USA Softball. I understand that submission of a sanction application does not guarantee approval of the request.

Tournament Director's signature _____

Return this completed form along with payment made payable to: Bill Parks | 1010 Hialeah Dr | Eagle ID 83616

COMMISSIONER USE ONLY

Sanction fee enclosed

District # _____

Sanction Approved (initial) _____ Sanction Disapproved (initial) _____ Commissioner's signature _____