

USA TOURNAMENT APPLICATION FORM

In submitting this tournament application we agree to observe the following rules:

- 1 Only USA registered teams will be permitted to compete.
- 2 Only USA affiliated umpires will be used.
- 3 All USA eligibility rules will be observed.
- 4 A spelled out refund policy is printed on the entry form in case of game cancellations because of rain before or during the tournament.
- 5 A tournament report (page 2 attached) must be submitted to the state office showing the participating team names, sanction numbers and umpires with sanction numbers.
- 6 Payment of \$25.00 (per age group & level) with this tournament application sent to state office.
\$25 per team to be submitted to state office for Eastern National Qualifier tournaments.
- 7 All tournaments are under the jurisdiction of the district and state commissioner.
- 8 All Eastern National Tournaments must use Worth balls purchasred thru the Ohio ASA. \$55/dz+S&H

In order for your liability insurance to be in effect, the teams and umpires MUST be ASA sanctioned.

PRINT clearly -Tournaments will be posted on website after application is received - usasoftballohio.org and on Tournamentusasoftball.com

The _____ (Name of Organization) desires to hold a softball tournament under the jurisdiction of the Ohio ASA and the district commissioner where the tournament will be held. It is agreed that all conditions listed above will be complied with.

NAME OF TOURNAMENT _____

DATES _____ **Entry Fee \$** _____

CITY WHERE HELD _____

Youth	Fastpitch	Slowpitch	10U _____	12U _____	14U _____	16U _____	18U _____
			"A" _____	"B" _____			

Adult	Fastpitch	Slowpitch	Men _____	Women _____	CoEd _____	
			"A" _____	"B" _____	"C" _____	"D" _____

TOURNAMENT CHAIRMAN _____

Street Address _____

City _____ OH ZIP _____

Phone Number _____ Email _____

District Commissioner's Name _____

Make your check payable to: Ohio ASA

Mail to: Bruce Sidel
JO Commissioner
4708 Maple Grove Rd
Shreve, Oh 44676

This page must be completed and returned to the state office within 7 days after end of tournament.

USA TOURNAMENT REPORT

Warren Jones, State Commissioner
810 Twp Rd 1504
Ashland, OH 44805

Name of Tournament _____

City Where Held _____ **Date** _____

Total Number of Teams Competing _____

Number of Newly Registered Teams _____ (attach to this form)

Total Amount Collected for New Registrations (\$30.00 per team) \$ _____ (attach to this form)

List all Team & Umpire Names - **MUST** include Sanction Numbers

TEAM NAME	SANCTION #

TEAM NAME	SANCTION #

UMPIRE NAME	SANCTION #

UMPIRE NAME	SANCTION #

Tournament Chairman Name

District Commissioner Name