



**Iowa USSSA**  
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**2017 IOWA USSSA BASEBALL TOURNAMENT REQUEST FORM**

Group: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Director: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
 City: \_\_\_\_\_ Email: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_

Tournament Name: \_\_\_\_\_  
 Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
 Tournament Type:  State Qualifier  NIT  Global NIT  All-State Showcase  
 Website: \_\_\_\_\_  
 Link Tournament:  Link to website listed above  Link to entry form (please include with request form)

AGE	ENTRY FEE	MAX TEAMS	CLASSIFICATIONS OFFERED	FACILITY
7	_____	_____	_____	_____
8	_____	_____	_____	_____
9	_____	_____	_____	_____
10	_____	_____	_____	_____
11	_____	_____	_____	_____
12	_____	_____	_____	_____
13	_____	_____	_____	_____
14	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

As the Tournament Director (Host), I have completely read and agree to meet all obligations for hosting an Iowa 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

\_\_\_\_\_  
 Iowa USSSA Representative Date



# 2017 IOWA USSSA BASEBALL TOURNAMENT AGREEMENT FORM

## 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 verify at [www.ussa.com](http://www.ussa.com) all teams have their team roster online with USSSA for the current season (Aug 1 – July 31). If a team does not have a official online roster, the *Host* agrees to require the team to input their roster online at [www.ussa.com](http://www.ussa.com) before their first game.
5. 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.
6. 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:
  - Tournament Results Forms including final standings and ALL game scores
  - All National and State Sanctioning Fees
7. 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.
8. The *Host* agrees to pay Iowa USSSA Baseball a **\$25.00** per team State Sanctioning Fee.
9. The *Host* agrees to pay Iowa USSSA Baseball a **\$75.00** National Sanctioning Fee.
10. The addition to above, if tournament is a USSSA NIT or a Global Sports NIT, the *Host* agrees Iowa USSSA Baseball a **\$750.00** National NIT Sanction Fee no later than 30 days prior to the scheduled start date. 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
10. The *Host* agrees not to sanction a USSSA event with any other Association, Federation and / or league.
12. 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.
13. The *Host* agrees to comply with all reasonable requests from the State Director.
14. If tournament is listed as an **All-State Showcase Qualifier**, *Host* agrees to promote, collect nominated players and input nominated players on the [www.ussa.com](http://www.ussa.com) system. Please see [www.iowaussa.com](http://www.iowaussa.com) for information.

As the Group / Agency Tournament Director (*Host*), I have completely read and agree to meet all obligations (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

\_\_\_\_\_  
Iowa USSSA Representative

\_\_\_\_\_  
Date

Complete forms and fax to: 515-528-2442 or email to [bob@iowaussa.com](mailto:bob@iowaussa.com)  
Iowa USSSA Baseball 2701 Sunset Road Des Moines, IA 515-528-2045

for Iowa USSSA Baseball use only						
DESCRIPTION	QTY	FEE	TOTAL	DATE PAID	CHECK #	INVOICE #
Team Fee		\$25/team				
USSSA Sanction Fee	1	\$75/event				
NIT or Global NIT Sanction Fee		\$750/event				
All State Showcase Fee		\$2/team				