

USA SOFTBALL OF IDAHO 1010 HIALEAH DR. EAGLE, ID. 83616

District No.		Year:		Fee Attached \$35.00/50.00 Fall After Aug. 15	
INVITATIONAL TOURNAMENT APPLICATION (Must be completed & Sanction Fee attached)					
Tournament Site:			Sponsor:		
Name of Tournament:					
Dates:		Entry Fee: \$	No. of Teams:	No. of Umpires: (Per Game)	
CLASSIFICATION:		Men:	Women:	Co-Ed:	
Men:		Women:	Co-Ed:	Girls:	
Boys:		Slow-pitch:	Fastpitch:	Modified:	
Open:		A	B:	C:	
D:		A/B:	B/C:	C/D: D/E	
18&U:		16&U:	14&U:	12&U: 10 &U	
Other:					
TOURNAMENT DIRECTOR:					
Name:			Address:		
City:			State:		
Zip:			Email		
Telephone:					
CLOSING DATE FOR ENTRIES					
Adopted rules of USA Softball of Idaho					
<ol style="list-style-type: none"> 1. All Youth teams playing in USA Softball of Idaho Tournaments must be individually registered and approved before they can be drawn for a tournament bracket. 2. All adult teams must be registered with USA Softball. 3. All tournament directors agree to provide the State office a list of teams with ID numbers (for youth) no later than 7 days prior to tournament start date of their tournament. 4. Any youth tournament with an entry fee of more than \$350.00 must use at least 2 umpires if available. 5. Adult tournaments must use 2 umpires if entry fees exceed \$250.00 if available. 6. Tournament directors may not contact individual umpires for use. Only the UIC in the district the tournament is being held in can schedule umpires. Failure to do so can void all Insurance coverages and withdraw sanctioning without refund. 7. All tournaments are required to provide housing costs for umpire that travel more than 50 miles. 					

I hereby certified that the above information is correct, and that as the person responsible for the Tournament (if sanctioned), agree to abide by all adopted Amateur Softball Association Rules and costs for Invitational Tournaments. I understand that the mere submission of application and sanction fees does not guarantee sanctioning of tournament.

COMMISSIONER'S REMARKS:	Signature: _____ (Applicant)
	Application Approved:
2nd Choice of Dates:	_____
	District Commissioner _____ Date _____
TOURNAMENT FEE:	Approved: _____ Disapproved: _____

	State commissioner _____ Date _____