



Babe Ruth Baseball

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Middle Atlantic Regional Commissioner
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MAPLE SHADE, NEW JERSEY 08052
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Middle Atlantic Region APPLICATION FORM

1. LEAGUE INFORMATION:

League Name: _____

City, State: _____

Organization: _____

District #: _____

League President: _____

Mailing Address: _____

Ph: (____) ____ - ____ Fax: (____) ____ - ____ e-mail: _____

2. WHICH TOURNAMENT?

9 & under (INVIT.) 10 & under 11-Year-Old (INVIT.) CR 60-foot
 CR 70-foot 13-Year-Old 14-Year-Old 13-15
 16-Year-Old 16-18

Which year? _____ If your League's application is not successful would it be interested in hosting another age division tournament? If so, what age division?

9 & under (INVIT.) 10 & under 11-Year-Old (INVIT.) CR 60-foot
 CR 70-foot 13-Year-Old 14-Year-Old 13-15
 16-Year-Old 16-18

3. Describe your League's experience hosting Babe Ruth Tournament trail events. (i.e. District, State or Regional, etc). _____

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 on-site and available. How do you propose to meet these obligations? _____

8. The Regional Tournament Agreement may require you to provide some Host Family Housing for players, if needed or required. How do you propose to facilitate the housing and feeding of these players? _____

9. 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? _____

10. If you have any other comments with respect to your application that you feel the Site Selection Committee should consider, please indicate them below: _____

League President: _____ Date: _____

DISTRICT / STATE COMMISSIONERS' RECOMMENDATIONS

I hereby recommend and support acceptance of this application to host the _____ Middle Atlantic _____ Regional Tournament.

District Commissioner

Date

State Commissioner

Date