



**Baseball Nova Scotia
Tournament Application**

The following document is an official application form to host a Provincial, National Elimination or Atlantic Tournament. The completed form will determine how qualified your community is to host a tournament on our behalf of Baseball Nova Scotia and if successful, will have the support of BNS.

Association Name
-or- host community _____

Host Application Contact _____

Address _____

Phone / Cell / Fax _____

E-Mail _____

Type of Tournament

- National Elimination
- Provincials
- Atlantics

Division

- Mosquito
- Peewee
- Bantam
- Midget
- Junior
- Senior

Classification

- "R"
- "A"
- "AA"
- "AAA"

The common goal for Baseball Nova Scotia is to create a template whereas all of our Provincial tournaments follow a similar standard throughout the season. Players, parents, officials and fans will then have some level of expectation as to what the tournament will be like. We do understand that not every area has an identical appearance but BNS will assist each tournament hosting committee with a guideline for them to follow. Please fill out the following questionnaire with the utmost honesty and please provide a contact name and phone number. We may need to contact your association if we have any questions or concerns.

Office Use Only

Date received _____ Type _____ Div _____ Class _____

Part I

Hosting Committee:

1. Will you be providing tournament packages for all of the participating teams?

- Yes No

If yes, please indicate what will be included in package

- Tournament Schedule
- Directions to ballpark(s) from major highways
- List of local accommodations options
- List of local restaurants
- Coupons from local businesses for discounted service (ie. restaurants, sporting goods stores, etc.)

2. Will you have sponsors to support your tournament?

- Yes No

Please indicate which businesses / individuals will be providing assistance

3. Please indicate who will serve as tournament chairperson. (You are reminded that no member of any participating team can serve as tournament chairperson)

4. Please list the other members of the hosting committee

Part II

Field Description:

PRIMARY FIELD

Name _____

1. **Field Dimensions**

Center Field _____

Left Line _____

Right Line _____

2. **Dugouts**

Fully Enclosed Yes No

Roof Yes No

Fenced off from live-ball territory? Yes No

3. Distance from plate to backstop? (approx. dimensions) _____

4. **Fencing**

Outfield Yes No

Infield dead ball territory Yes No

Outfield dead ball territory Yes No

5. Scoreboard

Yes No

6. Appropriate pitcher's mound for age category

Yes No

7. Spectator Seating Capacity (fixed or temporary) _____

8. Lighting

Is this field equipped with lights?

Yes No

If yes, is there a municipal curfew, or automated shut-off?

Yes No

If yes, what time? _____

9. Do you have fixed or temporary bullpen facilities?

Yes No

If yes, are they in-play or in dead ball territory?

In play Dead ball territory

Note: pictures of the field may be requested for verification purposes

Score _____ / 35

Field Description:

SECONDARY FIELD

Name _____

1. **Field Dimensions**

Center Field _____

Left Line _____

Right Line _____

2. **Dugouts**

Fully Enclosed Yes No

Roof Yes No

Fenced off from live-ball territory? Yes No

3. Distance from plate to backstop? (approx. dimensions) _____

4. **Fencing**

Outfield Yes No

Infield dead ball territory Yes No

Outfield dead ball territory Yes No

5. Scoreboard

Yes No

6. Appropriate pitcher's mound for age category

Yes No

7. Spectator Seating Capacity (fixed or temporary) _____

8. Lighting

Is this field equipped with lights?

Yes No

If yes, is there a municipal curfew, or automated shut-off?

Yes No

If yes, what time? _____

9. Do you have fixed or temporary bullpen facilities?

Yes No

If yes, are they in-play or in dead ball territory?

In play Dead ball territory

Note: pictures of the field may be requested for verification purposes

Part III

Umpires:

1. Who will serve as umpire-in-chief for the tournament? (must be approved by BNSUD)

2. Who will serve as umpire assignor for the tournament?

3. How many umpires are available for your tournament (info available from local assignor)
Level 3 or higher _____
Level 2 _____
4. Will there be dressing room facilities for umpires?
 Yes No
If no, is there an private area available for umpire parking / changing
which is separate from spectator parking / seating?
 Yes No

Score _____ / 15

Part IV

Facility Provisions Section:

1. Will you provide canteen facilities? Yes No
What will be served? _____
2. Washrooms
Permanent on-site Yes No
Port-a-potties Yes No
3. First Aid / Injury Management
Will you inform your local EHS paramedic base of the tournament being held so
they may coordinate to be on stand-by?
 Yes No

Will there be a first-aid station with trained personnel (either a professional first
aid service or volunteers trained in Red Cross or St. John's Ambulance first aid?)
 Yes No

Distance to closest local hospital or emergency clinic?
Approx distance (KM's) _____
Approx time (mins) _____
4. On site official scorer?
 Yes No
5. PA system for announcing and music?
 Yes No

Score _____ / 20

Part V

Awards:

- 1. Will you be providing player of the game awards?
 Yes No
- 2. Will you present top pitcher or top hitter type of awards?
 Yes No

Note: Baseball Nova Scotia provides a championship banner & medallions

Score _____ / 10

Part VI

Accommodations and Community Provisions:

- 1. What hotels and motels are available in your area? Have you negotiated a preferred rate for participants?

_____ Pref Rate? Yes No

_____ Pref Rate? Yes No

_____ Pref Rate? Yes No

- 2. What type of restaurants are available in your area (within 15 min) for your guests?

- Specialty breakfast restaurant Yes No
- Full Service Family Dining Yes No
- Sandwich Shop (subs, pitas, etc.) Yes No
- Pizza shop Yes No
- Coffee Shop Yes No
- Pub Style Dining (for persons of age) Yes No
- Fast Food type Yes No

- 3. What do you want us to know about your association / community? (special events, community celebrations, etc.)

Score _____ / 10

Declaration

I, _____, acting on behalf of the association / community indicated above do hereby declare that all information provided in this application is accurate and true as of this date. I understand that any incorrect or misleading information, whether accidental or intentional, may result in no tournament being awarded to the named association / community, and/or if already awarded, result in revocation of said tournament at any time by Baseball Nova Scotia.

Signature of Applicant

Date