

# SUPER SERIES BASEBALL of AMERICA®

## EVENT HOSTING APPLICATION



Your Name and Title:	Organization and Complex:	Dates of Desired Event:  WEEKEND or ONE DAY EVENT
Mailing Address: (No P.O. Boxes)	Office Phone:	Home Phone:
Cell Phone or Pager:	Your Fax #:	Your E-Mail Address:
Age Divisions to Be Included: (Circle)  7    8    9    10    11  12    13    14  15    16    17-18	Desired Divisions to Be Included:  NATIONAL    AMERICAN  MINORS	Your Website Address?
Field(s) Names & Location Where Tourney Will Be Held:	Your Tourney Entry Fee: (Include the \$25 Super Series Team Reg. Fee)	Number of Available Fields per Age Division:
Registration Information: <i>(This will appear in our brochure and Website)</i> For Entries Contact:  Name:  Address:  City:  State & Zip:  Phone:		<b>For Team Hotel Accommodations Contact:</b>

**Please send or fax your completed application as soon as possible.**

**Fax to: (480) 664-2997**

Your application will be reviewed immediately. Upon approval, we will express mail your licensing agreement. **Upon receipt of your signed agreement** we will send you a Super Series informational kit via UPS containing, merchandising information, details of our insurance program, policies, procedures, rules, brochures for your local distribution, and more.

**Please E-mail us photos of your complex, tourist attractions, or scenic shots of your area**  
and we will include them on your page on the web site.