



2017 USSSA Tournament Hosting Request Form

Eastern Pennsylvania and New Jersey

* Please fill in all items.

Requested Date: _____

Age Group/s

10 & Under <input type="checkbox"/>	12 & Under <input type="checkbox"/>
14 & Under <input type="checkbox"/>	16 & Under <input type="checkbox"/>
18 & Under <input type="checkbox"/>	18 & Over <input type="checkbox"/>

Class: A B C Open

Hosting Option (see previous pages) Option 1 Option 2

Team Entry Fee \$ _____

Tournament Name: _____

Location: Park Name _____

Street Address _____

City _____ State _____ Zip _____

Do you have permits Y / N (circle one)

Number of Fields: _____

Number of Fields with lights: _____

Bathrooms: Permanent/running water _____

Portables: _____

Other Amenities: _____

Contact info: Name _____

Street Address _____

City _____ State _____ Zip _____

Phone _____ Cell _____

Email Address: _____

Additional Information: _____

Please send completed form to Jeff Kittle via:

Email: jeff.kittle@verizon.net
 Fax: 484-224-5550
 Mail: 7374 Gun Club Road
 New Tripoli, PA 18066