



**NEBRASKA AMERICAN LEGION
P.O. BOX 5205
LINCOLN, NE 68505-0205**



2012 Baseball Tournament Application

COMPLETE THIS APPLICATION IN ITS ENTIRETY AND MAIL TO DEPARTMENT NEBRASKA
APPLICATION MUST BE RECEIVED NO LATER THAN JANUARY 6, 2012

INFORMATION:

The Department Athletic Committee will select the 2012 Area and Sate tournament sites during its meeting in January 2012. Personal appearances are neither required nor desired. Selections will be announced at www.nelegionbaseball.net You must enter and field a team in the 2012 tournament program (in the class which you are bidding) to be eligible to host a tournament. State host teams must compete in Area tournaments without forfeit. Additional descriptive information may be attached to this form. If at all possible please attach a picture of the field with this form. **Note: For State Tournament hosts, a \$1,000 tournament bid fee must be paid to Department within 3 weeks of tournament completion.**

CLASSIFICATION OF TEAMS:

Based on a combined total enrollment of grades 10 thru 12 as follows: Class A: 600 or more, Class B: 161-599, Class C: 160 or Fewer

TOURNAMENTS

Our **Sponsoring** Post would like to host the tournament(s) as selected below: **Place and X or a # in the box next to your choices – if you only select 1, you will only be considered for one.**

| Tournament Dates |
|---------------------------------|
| A Sr & Jr Area 20 - 24 July |
| A Sr & Jr State 28 July – 2 Aug |
| B & C Jr Area 13 – 17 July |
| B & C Sr Area 20 – 24 July |
| B & C Jr State 21 – 25 July |
| B & C Sr State 28 July – 2 Aug |

| Class A | | Class B | | Class C | |
|--------------|--|--------------|--|--------------|--|
| State Senior | | State Senior | | State Senior | |
| State Junior | | State Junior | | State Junior | |
| Area Senior | | Area Senior | | Area Senior | |
| Area Junior | | Area Junior | | Area Junior | |
| Any | | Any | | Any | |

Class A Sr Play-off 4 August (Host site will be Winner of American Div)

TOURNAMENT DIRECTOR INFORMATION

If Possible the Director should be an American Legion Member Member Yes No

| | | | |
|---|-------------------|-------------------|-------------------|
| Name (Director can not be a Coach or Umpire in the Tournament) | Home Phone | Work Phone | Cell Phone |
| | | | |
| Address | City | St | Zip |
| | | | |

Email Address NOTE: Applications that do not have an Email contact Address may not be considered

Note: The Department Athletic Committee will consider the conduct of players, coaches and fans from the previous baseball season when considering applications from teams for tournament sites

| | | | |
|--|----------------------|--|--|
| FIELD NAME: | | PARK NAME: | |
| <input type="checkbox"/> GRAND STAND # SEATS | <input type="text"/> | <input type="checkbox"/> SUFFICIENT HOUSING FOR ALL TEAMS | |
| <input type="checkbox"/> BLEACHERS # SEATS | <input type="text"/> | WEB SITE (REQUIRED NLT JULY 1, 2012) <input type="text" value="www."/> | |
| <input type="checkbox"/> GRASS INFIELD | | | |
| <input type="checkbox"/> Fenced Playing Field | | <input type="checkbox"/> REST ROOM | |
| <input type="text"/> DISTANCE (ft) HOME TO: | | <input type="checkbox"/> DUGOUTS | |
| <input type="text"/> LEFT FIELD FENCE | | <input type="checkbox"/> PRESS BOX | |
| <input type="text"/> CENTER FIELD FENCE | | <input type="checkbox"/> INTERCOM-Dugouts To Press Box | |
| <input type="text"/> RIGHT FIELD FENCE | | <input type="checkbox"/> PUBLIC ADDRESS SYSTEM | |
| <input type="text"/> BACK STOP | | <input type="checkbox"/> FLAG POLE | |
| <input type="checkbox"/> LIGHTED FIELD CANDLE POWER/WATS | <input type="text"/> | <input type="checkbox"/> CONCESSION STAND | |
| | | <input type="checkbox"/> LOCKER ROOMS | |
| <input type="checkbox"/> ELECTRIC SCORE BOARD | | <input type="checkbox"/> SHOWERS | |
| | | <input type="checkbox"/> UMPIRE FACILITIES (Explain) | |

Comments To Support Consideration of this Application: Attach additional sheets as necessary

HOST POST USE ONLY

| | | | |
|----------------------------|----------------------|----------------------|----------------------|
| POST COMMANDER NAME | Home Phone | Work Phone | MEMBERSHIP # |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Address | City | St | Zip |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| POST ADJUTANT NAME | Home Phone | Work Phone | MEMBERSHIP # |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Address | City | St | Zip |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

As required by the 1994 Department Convention action, I certify the list of Post Officers above is valid and on file with the Department Adjutant

If awarded a tournament, our Post will execute the tournament in accordance with Department rules and regulations.

| | | | | |
|----------------------|----------------------------|-----------------------------|---------------------------------|----------------------|
| NAME (PRINT) | SIGNATURE | LEGION OFFICE | | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | | |
| POST # | POST STREET ADDRESS | POST LOCATION (CITY) | ST | POST ZIP CODE |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text" value="NE"/> | <input type="text"/> |

Signatures required for submission of application

The undersigned has read and understands the ramifications and responsibilities incurred by the below information:

- 1) If the Tournament Director or his/her representative fails to attend the June Tournament Directors Meeting, the tournament Bid is forfeit and will be assigned to another community/program.
- 2) All brackets must be followed as provided by the Department Nebraska, tournaments must begin on Friday provided there is not a "play in" bracket (7) and (9) which may be played on Thursday.
- 3) Meet the requirements of:
 - a) NE Statute 71-9105: City, village, business, or nonprofit organization; duties; participant in athletic activity; actions required; notice to parent or guardian; effect of signature of licensed health care professional.
 - b) NE ALB Rule 1.09 (a) Concussions.
- 4) Read and understand Resolution #45 on the National Web Page: <http://www.legion.org/documents/resolutions/2011F045.pdf>

Additional information on all 3 subjects listed above can be found at <http://www.nelegionbaseball.net/> or by contacting The Nebraska Department Headquarters for The American Legion @ 402-464-6338.

Tournament Directors Printed Name

Signature

Date

Post Commanders Printed Name

Signature

Date