



**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**

- 11U
- 13U
- 15U
- 18U
- 21U
- Intermediate

**Classification**

- "B"
- "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

**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  
the 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