DISTRICT HOST SUBMISSION FORM – Softball

This form is to be completed and submitted by the Athletic Director of a member school wishing to host the district tournament in the sport of softball. The form will be deemed invalid and school will not be considered to host if the form is not completely filled out prior to submission. ***(TO BE COMPLETED ELECTRONICALLY)***

**General**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| School: |  | Location: |  | On-Campus |  | Off Campus |  | Both |

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| --- | --- |
|  | Multiple locations will be required to host |

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| --- | --- |
|  | Facility complies with Title III of the Americans with Disabilities Act as a place of accommodation. |

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| --- | --- |
|  | Secure location for officials away from fans and team personnel. |

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|  | Ability for site to be secured so gate may be taken at all contests. |

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| Seating Capacity |  |  | Off-Street Parking Capacity |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Public Restrooms |  | Yes |  | No |  | Concessions |  | Yes |  | No |

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**Field**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Field: |  | Softball Field w/Permanent Fence |  | Converted Baseball Field w/Temporary Fence |

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| Playing Surface: |  | Dirt-IF w/ Grass-OF |  | All Turf |  | Turf-IF w/ Grass-OF |

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| Lights |  | Yes |  | No |  | Bullpens |  | Yes |  | No |

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| --- | --- |
| Fence: | Recommended 200 feet (must be between 185 – 235 feet |
| Left (ft) |  |  | Center (ft) |  |  | Right (ft) |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Batting Cages |  | Yes |  | No |  | Separate Warm-up area/ or 2nd field |  | Yes |  | No |

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**Extras**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Scoreboard |  | Yes |  | No |  | Public Address System |  | Yes |  | No |

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| Locker Rooms |  | Yes |  | No |  | Press Box |  | Yes |  | No |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Storm Shelter |  | Yes |  | No |  | Covered Seating |  | Yes |  | No |

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**Why should your facility be selected? (Box will expand as needed)**

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| Person Submitting |  | School Position |

This form may be saved and used for future years.