

CASWELL PARK TOURNAMENT REQUEST APPLICATION

Date of request _____

Name _____ Organization _____

Address _____

City _____ State _____ Zip Code _____

Phone (Daytime) _____ Phone (Evening) _____

Fax Number _____ E-mail Address _____

Tournament Date(s) _____ (only one request per application)

Daily Game Start Times _____ Number of Teams _____

Tournament Classification _____

State/National Championship _____ Yes _____ No

Association/Affiliation _____

SOFTBALL _____ Youth _____ Adult

BASEBALL _____ 12-U _____ 10-U _____ 8-U

Slow Pitch _____ Fast Pitch _____

SERVICE REQUESTED

Number of fields requested 1 _____ 2 _____ 3 _____ 4 _____

Admission (gate) _____ Yes _____ No (If yes, what will be the cost?) _____

Souvenir Sales _____ Yes _____ No

Meeting Room Needed? _____ Yes _____ No

How many vendors? _____

Date request received _____ (for office use only)