HELTON/RIDLEY 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 _____

Baseball: ____ H.S. ____ Stan Musial ____ 18u ____ 16u ____ 14u ____ 13u

Metal Bat _____ Wooden Bat _____

SERVICES REQUESTED

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)