

Mt. Vernon Parks and Recreation

PO Box 324, 716 Locust St.

Mt. Vernon, IN 47620

(812) 838-3691

SOFTBALL TOURNAMENT REQUEST FORM

Requests for tournaments must be submitted at least two (2) weeks prior to tournament date.

NAME OF ORGANIZATION: _____

NAME OF Tournament Director: _____

ADDRESS: _____

PHONE NUMBER: (Cell) _____ (Other) _____

PURPOSE OF TOURNAMENT: _____

CERTIFICATE OF INSURANCE PROVIDED: _____

NUMBER OF TEAMS ENTERING TOURNAMENT: _____

NUMBER OF PARTICIPANTS EXPECTED TO BE PARTICIPATING: _____

ENTRY FEES TO BE CHARGED FOR TEAMS / PLAYERS: _____

WILL LIGHTS OR OTHER SERVICES BE REQUESTED FOR THIS TOURNAMENT:

Yes: _____ No: _____ Other: _____

DATE(S) REQUESTED: _____

TIME(S) REQUESTED: _____

Organization Proceeds of Tournament will go to: _____

****Tournament Fee of \$100 will be due the following Monday of the tournament.****

SIGNATURE OF Tournament Director: _____ DATE: _____