



Post Season Tournament Host

Thank you for requesting for requesting to host an annual post season event. We kindly ask that you provide the following details so our request may be incorporated into the master schedule.

Organization Information

Organization Name:	
Contact Person:	
Contact Phone #:	
Contact Email:	

Requested Tournament

<i>Sport</i>	<i>Age Level</i>	<i>Age Level</i>	<i>Age Level</i>
<i>Baseball</i>	10U	12U	15U
<i>Softball</i>	10U	12U	16U

Required Aspects

<i>Field Requirement</i>	<i>Status</i>		<i>Volunteer Requirements</i>	<i>Recommended Name</i>
Press Box	YES or NO		Tournament Coordinator	
Dugout Facilities	YES or NO		Public Address Announcer	
Score Board	YES or NO		Official Game Scorekeeper	
Outfield Fencing	YES or NO		Official Pitch Counter Tracker	
Number of Fields			Social Media Specialist	

All requests must be submitted by February 1st. In order for your request to be reviewed, all information must be completed in its entirety. We will contact you after receipt and review of your completed request form. Please submit your request to the following: GLOWAcademyNY@gmail.com

OFFICE USE ONLY

<input type="checkbox"/> Confirmation	<input type="checkbox"/> Google Docs	<input type="checkbox"/> White Board	Date Received _____
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