



BID TO HOST FORM WCBA CHAMPIONSHIP

Please complete all information in full

Division & Category Requested: _____

Name of Host Organization: _____

Name of Contact Person: _____
(Committee Chairperson)

Mailing Address: _____ Postal Code: _____

Phone #: (Cell) _____ (Home) _____ (Work) _____

E-Mail Address: _____

	<u>DIAMOND #1</u>	<u>DIAMOND #2</u>	<u>DIAMOND #3</u>
Location:	_____	_____	_____
Distances:	_____	_____	_____
Left Field Line:	_____	_____	_____
Center Field:	_____	_____	_____
Right Field Line:	_____	_____	_____
Home Plate to Backstop:	_____	_____	_____
Home Run Fence (Y/N):	_____	_____	_____
Lights (Y/N):	_____	_____	_____
Infield: (Shale/Gravel/Grass):	_____	_____	_____
Pitching Mound (Y/N):	_____	_____	_____
Seating Capacity:	_____	_____	_____
Concession (Y/N):	_____	_____	_____
Change Rooms (Y/N):	_____	_____	_____
Shower Facility (Y/N):	_____	_____	_____
Umpire Change Room (Y/N):	_____	_____	_____

HOST COMMITTEE MEMBERS:

	Name	Home Phone	Work Phone	Fax
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

LOCAL ACCOMMODATION (TO BE BLOCKED OFF BY HOST COMMITTEE):

	Hotels and Motels	Number of Rooms Available
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____

CAMPGROUNDS AND OTHER ACCOMMODATIONS:

- _____
- _____
- _____
- _____

OTHER NEARBY ACCOMMODATIONS: (within 40 mile radius)

- _____
- _____
- _____
- _____

**** Please note that the accommodations listed must be able to accommodate a maximum of seven teams of 15-18 players plus coaches and parents. The appropriate number of rooms must be booked in advance by the host committee at the time of the application to host, thus avoiding potential conflict with other events in your area. More information will follow upon confirmation of host sites.****

Office Use Only:

Host Bond Received: _____ **Approved:** _____

Date Bond Received: _____ **Receipt # :** _____