



USSSA Tournament Hosting Request Form Eastern Pennsylvania and New Jersey

* Please fill in all items.

Requested Date: _____

Age Group/s 10 & Under 12 & Under

14 & Under 16 & Under

18 & Under 18 & Over

Class: A B C Open

Hosting Option (see previous pages) Option 1 Option 2

Team Entry Fee \$ _____

Tournament Name: _____

Location: Park Name _____

Street Address _____

City _____ State _____ Zip _____

Do you have permits Y / N (circle one)

Number of Fields: _____

Number of Fields with lights: _____

Bathrooms: Permanent/running water _____

Portables: _____

Other Amenities: _____

Contact info: Name _____

Street Address _____

City _____ State _____ Zip _____

Phone _____ Cell _____

Email Address: _____

Additional Information: _____

Please send completed form to Jeff Kittle via:

Email: jeff.kittle@verizon.net

Fax: 610-298-2670

Mail: 7374 Gun Club Road
New Tripoli, PA 18066