



**NEBRASKA AMERICAN LEGION
P.O. BOX 5205
LINCOLN, NE 68505-0205**



2019 Baseball Tournament Application

COMPLETE THIS APPLICATION IN ITS ENTIRETY AND MAIL TO DEPARTMENT NEBRASKA
APPLICATION MUST BE RECEIVED NO LATER THAN JANUARY 11, 2019

INFORMATION:

The Department Athletic Committee will select the 2019 Area and State tournament sites during its meeting in January 2019. Personal appearances are neither required nor desired. Selections will be announced at www.nelegionbaseball.net. You must enter and field a team in the 2019 tournament program **(in the class which you are bidding)** to be eligible to host a tournament. State host teams must compete in Area tournaments without forfeit. Additional descriptive information may be attached to this form. If at all possible please attach a picture of the field with this form. **Note: For State Tournament hosts, a \$1,000 tournament bid fee must be paid to Department within 3 weeks of tournament completion. All tournament sites must use baseballs with the official logo of the American Legion Baseball.**

CLASSIFICATION OF TEAMS:

Based on a combined total enrollment of grades 10 thru 12 as follows: Class A: 600 or more, Class B: 161-599, Class C: 160 or Fewer

TOURNAMENTS

Our **Sponsoring** Post would like to host the tournament(s) as selected below: **Place and X or a # in the box next to your choices – if you only select 1, you will only be considered for one. You may also prioritize (1,2,3,4)**

Tournament Dates
A Sr & Jr Area 19 - 23 July
A Sr & Jr State 27- 31 July
B & C Jr Area 12 - 16 July
B & C Sr Area 19 - 23 July
B & C Jr State 20 - 24 July
B & C Sr State 27 - 31 July

Class A		Class B		Class C	
State Senior		State Senior		State Senior	
State Junior		State Junior		State Junior	
Area Senior		Area Senior		Area Senior	
Area Junior		Area Junior		Area Junior	
Any		Any		Any	

Class A Sr Play-off 2-3 Aug, 3 game playoff, 1 on 2 Aug, 2nd and if needed on 3 Aug (host National Division)

TOURNAMENT DIRECTOR INFORMATION

If Possible the Director should be an American Legion Member Member Yes No

Name (Director can not be a Coach or Umpire in the Tournament)	Home Phone	Work Phone	Cell Phone
Address	City	St	Zip

Email Address NOTE: Applications that do not have an Email contact Address may not be considered

Note: The Department Athletic Committee will consider the conduct of players, coaches and fans from the previous baseball season when considering applications from teams for tournament sites

FIELD NAME:		PARK NAME:	
<input type="checkbox"/> GRAND STAND # SEATS	<input type="text"/>	<input type="checkbox"/> SUFFICIENT HOUSING FOR ALL TEAMS	
<input type="checkbox"/> BLEACHERS # SEATS	<input type="text"/>	WEB SITE (REQUIRED NLT JULY 1) <input type="text" value="www."/>	
<input type="checkbox"/> GRASS INFIELD			
<input type="checkbox"/> Fenced Playing Field	<input type="checkbox"/> REST ROOM		
<input type="text"/> DISTANCE (ft) HOME TO:	<input type="checkbox"/> DUGOUTS		
<input type="text"/> LEFT FIELD FENCE	<input type="checkbox"/> PRESS BOX		
<input type="text"/> CENTER FIELD FENCE	<input type="checkbox"/> INTERCOM-Dugouts To Press Box		
<input type="text"/> RIGHT FIELD FENCE	<input type="checkbox"/> PUBLIC ADDRESS SYSTEM		
<input type="text"/> BACK STOP	<input type="checkbox"/> FLAG POLE		
<input type="checkbox"/> LIGHTED FIELD CANDLE POWER/WATTS <input type="text"/>	<input type="checkbox"/> CONCESSION STAND		
<input type="checkbox"/> ELECTRIC SCORE BOARD	<input type="checkbox"/> LOCKER ROOMS		
	<input type="checkbox"/> SHOWERS		
	<input type="checkbox"/> UMPIRE FACILITIES (Explain)		

Comments To Support Consideration of this Application: Attach additional sheets as necessary

Legion Post Information (required)

POST COMMANDER NAME	Home Phone	Work Phone	MEMBERSHIP #
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	City	St	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
POST ADJUTANT NAME	Home Phone	Work Phone	MEMBERSHIP #
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	City	St	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

As required by the 1994 Department Convention action, I certify the list of Post Officers above is valid and on file with the Department Adjutant

If awarded a tournament, our Post will execute the tournament in accordance with Department rules and regulations.

NAME (PRINT)	SIGNATURE	LEGION OFFICE HELD		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
POST #	POST STREET ADDRESS	POST LOCATION (CITY)	ST	POST ZIP CODE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="NE"/>	<input type="text"/>