

**Ontario Amateur Softball Association
Bid Form for an Elimination Tournament**



Check your choice of tournament(s) to host:

U23	<input type="checkbox"/>	U17	<input type="checkbox"/>
U20	<input type="checkbox"/>	U15	<input type="checkbox"/>

Year Requested:

Indicate First Choice:

Contact Info			
Name of Host Association/Team	<input type="text"/>	Telephone #	<input type="text"/>
Name of Host Contact	<input type="text"/>	Email Address	<input type="text"/>
Mailing Address including Postal Code	<input type="text"/>		

Facility Info												
	Name of Diamond	Distance from #1 (km)	Fenced	Lighted	P.A. System	Grounds Crew	Curfew	Canteen	Wash Rooms	Umpire Room	OASA Meeting Area	WIFI Available
Diamond #1 (Main)	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diamond #2	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diamond #3	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diamond #4	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Accommodation Info			
	Name of Accommodation	Distance from Main Diamond	Location/Address
Team Hotel/Motel #1	<input type="text"/>	<input type="text"/>	<input type="text"/>
Team Hotel/Motel #2	<input type="text"/>	<input type="text"/>	<input type="text"/>
Team Hotel/Motel #3	<input type="text"/>	<input type="text"/>	<input type="text"/>
Team Hotel/Motel #4	<input type="text"/>	<input type="text"/>	<input type="text"/>

This application to host MUST be in the office of the OASA Secretary by **February 1** two years prior to the event. A cheque/money order payable to the OASA or an e-transfer, in the amount of **\$200.00 plus HST (\$226.00)**, MUST accompany the return of this bid form. The fee will be returned if the application is unsuccessful.

E-mail bid form to: millsy@live.ca
 Mail bid fee to: Karen Mills, OASA Secretary
 7 Sarah Street
 Napanee, ON K7R 3J4

Host Signature:
By inserting an "X" above, the applicant consents to an electronic signature.
 Date:
 mm-dd-yyyy

E-transfer bid fee to: oasa1923@outlook.com