

**Ontario Amateur Softball Association  
Bid Form for a Provincial Tournament / Event**



*Check your choice of tournament(s) to host:*

|           |                          |     |                          |
|-----------|--------------------------|-----|--------------------------|
| Masters   | <input type="checkbox"/> | U15 | <input type="checkbox"/> |
| Men's B/C | <input type="checkbox"/> | U13 | <input type="checkbox"/> |
| U20       | <input type="checkbox"/> | U11 | <input type="checkbox"/> |
| U17       | <input type="checkbox"/> | U9  | <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 **November 15** in the year prior to the event. A cheque/money order payable to the OASA or an e-transfer, in the amount of **\$100.00 plus HST (\$113.00)**, **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](mailto: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](mailto:oasa1923@outlook.com)