

LOUISIANA DIXIE YOUTH BASEBALL

9U AAA and 11U MINORS STATE TOURNAMENT BIDS

HOST BID REQUIREMENTS

1. We will furnish the Louisiana Dixie Youth, \$ 1,500.00 (minimum). This amount shall be given to the State Director at the Credentials Meeting or upon request prior to the tournament.
2. We agree to reimburse the State for the Trophies and Awards as required by the State.

3. ADMISSION PRICES:

GAME PRICES:	
12 AND UNDER	FREE
ADULTS:	\$7.00
TOURNAMENT PASS:	
12 AND UNDER	FREE
ADULTS:	\$24.00

4. Minimum Standards
 - A) At least TWO LIGHTED fields with working scoreboards and temporary fences if needed.
 - B) Restroom Facilities
 - C) Concession Stand
 - D) Umpire's Dressing room
 - E) PA SYSTEM FOR ALL FIELDS

5. We will furnish Additional: _____

6. Will defray Director's expense. (We will pay up to three officials \$75.00 per diem, per day or provide officials room and \$25.00 per day, per diem).

7. UMPIRES We will pay two umpires \$35 per game each.
We will provide four rooms for umpires at host expense.
Umpires will have an air conditioned secure dressing facility.
9. UNIFORMED POLICE IN ATTENDANCE FOR ALL GAMES
10. WATER AND/OR GATOR AID WITH CUPS IN DUGOUTS
11. THE TOURNAMENT WILL BE CONDUCTED UNDER THE RULES ADOPTED BY THE LOUISIANA DIXIE YOUTH BOARD OF DIRECTORS.
12. ONE DOLLAR FROM EACH ADMISSION TICKET OF THE LARGEST NIGHT GATE ADMISSION WILL BE DONATED TO THE DIXIE YOUTH SCHOLARSHIP FUND.
13. **THE STATE DIRECTOR MUST BE NOTIFIED WITH YOUR INTENT TO BID AT LEAST ONE WEEK BEFORE THE STATE MEETING. THE BID WILL BE TURNED IN TO THE STATE DIRECTOR THE MORNING OF THE STATE MEETING. EACH BIDDER WILL HAVE TEN MINUTES TO PRESENT THEIR BID.**

WITHOUT THE FOLLOWING INFORMATION COMPLETED THIS BID WILL NOT BE ACCEPTED:

Credential Meeting Location Address: _____ Time: _____

Tournament Director Name: _____

Tournament Director Cell Number: _____ Home Number: _____

Tournament Director Email: _____

Host Hotel for Dixie Officials: _____

LEAGUE NAME: _____

LEAGUE PRESIDENT/OFFICIAL: _____

LEAGUE PRESIDENT/OFFICIAL CELL NUMBER: _____

LEAGUE PRESIDENT E-MAIL ADDRESS: _____

LEAGUE PRESIDENT SIGNATURE: _____