



OFFICIAL OREGON ASA TOURNAMENT BID FORM

This bid is for _____
(Year)

Tournament Name (Include Division & Classification)

The playing site will be

(Facility Name)

(City) (State)

Review the ASA Code, Article 506 for the recognized levels, divisions and classifications of championship play. Specifically indicate: (1) Men or Women (2) Boys or Girls (3) Fastpitch, Slowpitch or Modified (4) the property classification of the tournament you are bidding for

The entry fee will be \$425.00

In addition to any other requirements, as set by the ASA code, the sponsoring organization hereby guarantees Oregon ASA a **flat fee of \$300.00 that must accompany this bid plus \$30.00 per team assessment fee** to be paid within 30 days after the conclusion of the tournament.

All bids must be received by December 1st to be considered for the following year.

Mail to: Mike Wells, 4475 SW Scholls Ferry Rd, Suite 260,Portland, OR 97225

Fax to (503)291-1487 E-Mail: mwells@mvwinsurance.com

Completed Site Specification Form Must Accompany this Bid Form

Contact & Billing Information: (Name and address of who should receive any invoices)

All of the information listed below must be completed for this application to be accepted)

Person, Entity, Organization: _____

Contact Name if Entity or Organization: _____

Address: _____

City: _____ State _____ Zip _____

Cell Phone Number: _____ Home Number: _____

Fax Number: _____ E-mail: _____

We further understand that this constitutes an agreement between Oregon ASA Softball, the sponsoring organization, and the ASA District Commissioner/Player Rep in which the sponsoring organization is located.

Month Day Year

(Print District Commissioner's Name)

X _____
(District Commissioner's Signature)

Month Day Year

(Print Name of Sponsoring Organization Contact Person)

X _____
(Authorized Signature of Sponsoring Organization Contact Person)