# Minnesota American Amateur Baseball Congress

Minnesota AABC
P.O. Box 474
Champlin, MN 55316-0474
Phone: 763-433-9675

**Subject: State Tournament Sites**

This is to inform all concerned that the Minnesota AABC is seeking sites for the 2006-2007 State Tournaments. The following lists are the Divisions we will need sites for:

| | | | |
|---|---|---|---|
| Willie Mays | "AAA" | Pee Wee Reese | "AA" |
| Pee Wee Reese 11's | "AAA" | Pee Wee Reese | "A" |
| Pee Wee Reese 12's | "AAA" | Sandy Koufax | "AA" |
| Sandy Koufax 13's | "AAA" | Sandy Koufax | "A" |
| Sandy Koufax 14's | "AAA" | Mickey Mantle | "AA" |
| Mickey Mantle 15's | "AAA" | | |
| Mickey Mantle 16's | "AAA" | | |

The chief component for consideration has to be excellent playing facilities with superior AABC tournament management. In addition, a bid stipend to assist in teams traveling for Regional and World Series games.

In the 2004-2005 contracts the average bid per team was $55.00.

Please keep in mind that one of the requirements for a bid to be awarded is that you must have had and/or will be having teams participate in the Division you are bidding on.

The Host Association assumes full responsibility for any and all operating expenses of any State Tournament, specifically (but by no means limited to) park employees, maintenance, park rentals, umpires, baseballs, promotion, advertising, any and all incidental to operation of State Tournament.

If there is any interest, please contact us at once, as inspections may be essential to finalize the sites.

All formal bids will be due to the Minnesota American Amateur Baseball Congress no later than November 20, 2005. Any bid that comes in after that date could be rejected.

Sincerely,
The MNAABC Board of Directors

# Minnesota American Amateur Baseball Congress

Minnesota AABC
11989 Virginia Avenue N
Champlin, MN 55316
Phone: 763-433-9675

## INTRODUCTION

Name of Organization_____

Address_____

City, ST, Zip_____

Home Phone_____ Business Phone_____

Fax_____ E-Mail_____

Contact Person_____

## DESCRIPTIONS

Describe your Association_____

_____

_____

_____

_____

_____

_____

Describe your Community_____

_____

_____

_____

_____

_____

## DESCRIPTIONS
## (Continued)

Why do you feel your community should be awarded a tournament?

_____

_____

_____

_____

_____

Describe any other points of interest_____

_____

_____

_____

_____

_____

_____

## TOURNAMENTS

What format would you be using?

[ ] One Weekend Tournament [ ] Week Long Tournament

Which tournament(s) are you bidding on?

[ ] Willie Mays 10's "AAA" [ ] Sandy Koufax 14's "AAA" [ ] Pee Wee Reese "AA"

[ ] Pee Wee Reese 11's "AAA" [ ] Mickey Mantle 15's "AAA" [ ] Pee Wee Reese "A"

[ ] Pee Wee Reese 12's "AAA" [ ] Mickey Mantle 16's "AAA" [ ] Sandy Koufax "AA"

[ ] Sandy Koufax 13's "AAA" [ ] Mickey Mantle "AA" [ ] Sandy Koufax "A"

What is the dollar amount of your bid per tournament?_____

How many teams are you willing to have per age group (This will also depend on number of teams that register. But gives the MNAABC a general idea)?

8 12 16 24 32

## CONCESSIONS

Will concessions be available?_____

If yes, what type of items will be?_____

_____

_____

_____

_____

_____

## MEMORABILIA

Will you be selling any memorabilia?_____

If so, what are you planning on and also approximately at what prices?_____

_____

_____

## TICKET PRICES

Will your gate fee be the following recommended prices?

| | |
|---|---|
| Adult (19-54) | $4.00 |
| Senior Citizen (55 and over) | $2.00 |
| Student (13 – 18) | $1.00 |
| Kids (12 and under) | FREE |
| All Tournament passes? | Open |

**NO charge** for all players and 3 coaches.

## FIELDS

Describe your fields and type of complex_____

_____

_____

_____

_____

_____

_____

_____

_____

Does your complex have lights?_____

How many fields are lighted/unlighted?_____

What time slots are available for the tournament?_____

_____

_____

## LOCAL FACILITIES

Describe hotels and restaurants that are available in your area_____

_____

_____

_____

_____

_____

_____

_____

## UMPIRES

Will all umpires meet the AABC requirement? _____

Will all umpires be High School League certified?_____

If not to either question, explain why?_____

_____

_____

_____

_____

What will be the age range of the umpires you will be using?_____

_____

If you are planning on using umpires below the age of 18, please explain your reasons?

_____

_____

_____

_____

## TOURNAMENT PERSONNAL

Second Contact Person _____

Address_____

City, ST, Zip_____

Home Phone_____ Business Phone_____

Fax_____ E-Mail_____

Person in charge of Umpires_____

Address_____

City, ST, Zip_____

Home Phone_____ Business Phone_____

Fax_____ E-Mail_____

## TOURNAMENT STAFF

Other than AABC personnel, use this area to describe what your Association will supply for the tournament. (Examples: groundskeepers, concession stand workers, etc.)

_____

_____

_____

_____

_____

_____

Describe how the Tournament Contact Personnel would be available. _____

_____

_____

_____

_____

_____

## ADDITIONAL INFORMATION

Additional information that should be supplied:

[ ] Pictures of complex

[ ] Map to City

[ ] Map to Fields

[ ] Map to Credential Meeting

[ ] Other _____

[ ] Please list number of additional pages sent in completing this application. _____

## CREDENTIAL MEETING

Place a Credential Meeting will be held at.

Name_____

Address_____

City, ST, Zip_____

Phone Number_____

Will the Tournament Chairperson be available?_____

Date the meeting place is available?_____

Time it is available_____

I certify that I am authorized to sign and submit this bid application and that the organization agrees to host an AABC State Tournament if this application is approved. I certify that the organization will comply with the criteria of the American Amateur Baseball Congress (AABC) and the Minnesota American Amateur Baseball Congress (MNAABC), and to respect and adhere to the By-Laws of the AABC and MNAABC. It is understood and agreed that the MNAABC State Tournament in which we are applying for has the right to accept or reject this State Tournament application.

_____ _____

Date Signature of Contact Person

_____

Print Name

Send completed form to: Minnesota AABC
11989 Virginia Avenue N
Champlin, MN 55316

## OFFICE USE ONLY

Date Received: _____

Received By:_____

Date Accepted or Rejected:_____