

Have you hosted these events before? _____

If yes, when, what age group and where? _____

Host Club President's Signature: _____

Host Club Site Contact's Signature: _____

Attach a brief description/map of host site including parking, restrooms, etc.

We, the undersigned, understand the responsibilities and duties involved in hosting Region B Cup competition. If accepted to host, we agree to have adequate volunteer power to perform the following:

1. Site Contact: Will receive information from the Region B Cup committee regarding the competition at their site. Will be responsible for providing the field marshals, referee drinks and fruit, volunteers to help sell t-shirts, and assist the Site Director as requested.
2. Field Marshalls: Minimum of one per field (prefer two)
3. Suggest Referee Assignor: Must provide the name, address and phone number of the suggested assignor to the cup committee who will approve the selection of and notify the assignor. The assignor must be provided a copy of the rules and regulations of this competition so that he/she can inform the officials. Assignor must sign a W-9 form and the Tournament Contract. The Assignor must be on site for the week-end of competition. The assignor will receive \$ 8.00 per game to assign.
4. Map: Provide a map to include a showing how to get to the site, the hotels and the emergency medical center.
5. Hotels: Provide a list of nearby hotels including address, phone number, and contact person.
6. Region B Cup T-shirts – Be prepared to sell t-shirts and if you do you will receive \$3.00 per shirt sold.
7. Site Director/Team check-in/ Referee Area – The site shall provide a separate area for the site director, team check-in and referees. Site is required to provide water (Prefer small bottles of water) and fruit for the referees. The Region will provide Publix sandwiches, chips and Gatorade for the referees. Host site is not required to provide food to its Volunteers or Referees. Any costs incurred for doing so are the choice and responsibility of the host organization.
8. Host organization will receive \$100.00 per field per day after competition, provided they successfully host and meet the above requirements. Site contact is to send a bill for these games following the hosting weekend, to the Regional Cup chair (574 Silver Course Loop, Ocala, FL 34472) within 1-month of conclusion of the event. Please contact the Regional Cup Chair for other costs before the Competition.
9. A trainer must be present for all events. The Region will pay up to \$300.00 per day for the trainer. The trainer must sign a W-9 form. A bill must be provided to the Regional Cup Chair for reimbursement.

Site Contact: _____

Host Club President: _____

HOSTING AGREEMENT – HOTEL INFORMATION

Site: _____

Please provide the following information on hotels that you have/will contact to participate in your hosting of Region B Cup Competition. (attach additional sheets as needed)

Hotel Name: _____

Address: _____

Phone: _____

Hotel Reservation Phone: _____

Hotel Fax Number: _____

General Manager: _____

Sales Manager: _____

Hotel Contact person for this event: _____

Room Rate (if possible): _____

(Attach additional sheets if necessary, one sheet per hotel please)

EMERGENCY MEDICAL INFORMATION

Emergency Medical Facility Name: _____

Address: _____

Phone: _____

Directions from Site: _____

SUGGESTED REFEREE ASSIGNOR
(Region B Cup Committee will approve all assignors)

Name: _____

Address: _____

Phone: (H) _____ (W) _____

(Cell) _____ Fax _____

E-Mail _____

Experience assigning: Leagues _____

Tournaments _____

DRA Name: _____

DRA Phone: _____

Comments: _____