

**CITY OF NORTH MANKATO  
TOURNAMENT DATE REQUEST FORM 2010**

Tournament Name: \_\_\_\_\_

\*Tournament Date: \_\_\_\_\_ Estimated # of Teams: \_\_\_\_\_  
(\*Dates Correspond to 2009 Tournament Dates)

Fields Needed (please circle): Caswell 1 2 3 4 5 6          SCC 1 2 3 4 5

Director Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Director's Address: \_\_\_\_\_  
\_\_\_\_\_

If payee is other than tournament director, please provide the following information:

Billing Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Billing Address: \_\_\_\_\_  
\_\_\_\_\_

Please provide the name and address to which concessions pro-rata share should be paid:

Payable Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Payable Address: \_\_\_\_\_  
\_\_\_\_\_

Additional Instructions/Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Trash receptacles will be emptied after field work is completed each day. It is the responsibility of the Tournament Director to have the area policed and all debris, trash and litter placed in receptacles or bagged or boxed and placed next to the receptacles. Failure to do so will result in additional clean-up fees.

I have enclosed the \$100 deposit to hold the above tournament dates. I understand that deposits paid will be forfeited if tournament is not held. The deposit paid will apply toward tournament fees if tournament is held.

Tournament Director's Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

For lodging information contact the City of North Mankato, (507) 625-4141.

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Office Use Only:

Date Payment Received: \_\_\_\_\_ Receipt #: \_\_\_\_\_