

NCSSA - Tournament Directors Contract Jan 1, 2025

Tournament Director _____ Dates _____ Number of teams _____
Tournament Location _____ Number of Fields _____
My affiliation with NCSSA is: NCSSA Team Manager _____ NCSSA Member _____ Other _____

Per Covid protocol- water provision will be responsibility of individuals and teams

I Agree To:

1. Follow NCSSA/SSUSA rules of play, including any/all revised rules that may apply.
Of Special Note: Team Rosters (NCSSA rules 9, 10, & 11), Uniforms (SSUSA rule 3.8)
2. Post any variations of these rules on the Flyer and on the Schedules.
3. Make sure restroom facilities are available.
4. Review NCSSA rules with umpires before the start of the tournament and make copies available.
5. Insure concessions will be available, if not, I will post on tournament flyer or tournament schedule.
6. Contact the manager if his team is 15 years in age difference with proposed opponents for approval.
Example: (75 vs 60) (65 vs 50), unless in same grouping
7. Have all bracketing approved by the Region Primary Director or another Region Primary Director if I am a Region Primary.
8. Turn in all Tournament results to the proper NCSSA channels within 3 days of tournament completion.
9. Post a flyer as soon as reasonably possible before the tournament which will include location, dates, times, rule variations, any sponsors, time restraints, and any other changes that may influence the tournament.
10. Notify any Board member in the event that there are schedule or discipline issues. Including filing of the incident report that can be found on line.
Examples: Teams dropping out after the cutoff date, Special accommodations for teams, any altercations between managers and umpires, players and umpires, players and players etc.

I Understand that non-compliance of NCSSA rules and policies can result in termination of any further awards of tournaments from NCSSA. Please Initial Here: _____

The fee is \$125.00 for each site (insurance-\$100.00 not refundable)
and \$25.00 for each tournament. (\$150.00 total)

Checks made payable to NCSSA. Contract and fees sent to:

Rick Bowlby 1121 Decatur Street Foster City, CA 94403-3607

Print Name _____ Date _____

E-Mail _____

Address _____

City _____ State _____ Zip _____

Phone _____ Cell No. _____

Contract Must Be Signed For Approval _____