



New Jersey State Little League Tournament Information Form

www.njlittleleague.org

**TIF must be completed by host DA and sent with tournament
bracket to all sending DA's no later than June 15**

Print Form

FROM HOST DA: DA DISTRICT: CELL PHONE NUMBER:

E-MAIL: HOME PHONE:

TO DA DISTRICT: TO DA DISTRICT: TO DA DISTRICT: TO DA DISTRICT: TO DA DISTRICT: TO DA DISTRICT:

COPIES TO: Carmine Conti, State Director;
Tony Luceri, Information Officer

SECTION COORDINATOR:

OTHERS:

HOST LEAGUE:

HOST PRESIDENT:

CELL PHONE NUMBER:

TOURNAMENT TYPE: 10-12 Baseball 9-11 Baseball 8-10 Baseball JR Baseball SR Baseball 50/70 Baseball
 10-12 Softball 9-11 Softball 8-10 Softball JR Softball SR Softball

TOURNAMENT LEVEL: SECTION #: STATE DOUBLE ELIMINATION TOURNAMENT

GAME DATES: GAME TIMES:

GAME SITE: FIELD PHONE NUMBER:

ADDRESS: DATE TEAM REPORTS:

CITY: STATE: ZIP: TIME TEAM REPORTS:

HOUSING ACCOMODATIONS: NOT APPLICABLE

BANQUET DETAILS: NOT APPLICABLE

GAME DIRECTOR: CELL PHONE: HOME PHONE:

ALTERNATE CONTACT: CELL PHONE: HOME PHONE:

ENCLOSURES: BRACKET DIRECTIONS TO FIELD SCHEDULE OF ACTIVITIES

OTHER INFORMATION:

NEW JERSEY STATE LITTLE LEAGUE DRESS CODE CAN BE FOUND AT: <http://www.njlittleleague.org>