



**Little League Softball Day**  
**Event Information Form**

College/University Name \_\_\_\_\_  
College Nickname \_\_\_\_\_  
Contact Name \_\_\_\_\_  
Contact Position \_\_\_\_\_  
Mailing Address \_\_\_\_\_

Daytime Phone Number \_\_\_\_\_  
Email Address \_\_\_\_\_

Please provide the following information for the game you wish to host:

Date \_\_\_\_\_ Time \_\_\_\_\_

Opponent \_\_\_\_\_

Opponent's Nickname \_\_\_\_\_

Please Mark:  Single Game  Doubleheader

Game information (i.e. league rivals, local/state rivals, etc.)

Special Promotions planned for the game

Additional Information

---

All notices MUST be sent out to leagues and media at least 1 month prior to the game in order to get proper notice out to the attendees.