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NMAA Pre Tournament Requirement



*Coaches will not receive their packets/passes until this form is filled out and returned. Please submit to the NMAA office by fax (505-923-3114), e-mail (dusty@nmact.org), or hand delivery no later than 4pm on Tuesday May 9. This form takes the place of the mandatory coaches meeting.

	NAME:	
	SCHOOL:	
I have read the coaches information do regulations.		ormation document and understand all tournament
	YES	NO
2.	I have read and understand all NMAA Bylaws regarding the sport of baseball	
	YES	NO
3.	Please list your cell phone number below so that you may be contacted should an NMAA Tournament Director need to speak with you (i.e. inclement weather, schedule change, etc.)	
4.	FOR OUT OF TOWN TEAMS ONLY:	
	Please list the name of the hotel you are staying at while here for the tournament. Be specific (i.e. Best Western – ABQ Airport, Days Inn – Rio Rancho, etc.)	
	List the number of rooms yo	our team will be utilizing each night during your stay.
Nι	mber of Coaches on Staff fo	r the State Tournament:
SI	GNED	
Coa	ach (sign or type name here)	Date (write or type)