

# Florida Dart Associations First Chance/Super Shoot Host Application/Contract

First Chance / Super Shoot Weekend is the first tournament of the year to be held around the end of January. First Chance is the first tournament of the year and the only tournament held directly by the Florida Dart Association (FDA). This tournament helps fund the FDA for the upcoming year and is held on Saturday. The Super Shoot is the tournament that decides the best of the best in the state of Florida and is held on Sunday. The FDA Tournament Director oversees setting up the First Chance / Super Shoot Weekend and decides on the location of the tournament each year. The FDA Tournament Director relies on local leagues to host this event in their local city at a viable venue and set up the lodging for the players. Once the venue is chosen the FDA Tournament Director will notify and confirm all arrangements with the local league. The FDA Tournament Director will also generate a flyer and submit it to the ADO for approval of the First Chance. Once approved the FDA Tournament Director will be in continuing contact with the local league right up until the day of the tournament. This form was created to help local leagues in the process of bidding to be the host of this event. To be considered to host this event please fill out the form with all the required information. Incomplete forms will not be accepted or considered to host the event. Once the form is completed submit it to the FDA Tournament Director as soon as possible for consideration.

**APPLICATIONS MUST BE POSTMARKED NO LATER THAN  
JULY 31<sup>ST</sup> TO BE CONSIDERED**

The current Florida Dart Association Tournament Director is:

**LARRY STOY**

**PO BOX 607186 ORLANDO FL 32860  
803.760.4320 stoyz76@gmail.com**

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of FDA Hosting Organization: \_\_\_\_\_

## Host Contacts

Main Contact: \_\_\_\_\_ Main Contact Phone Number: \_\_\_\_\_

Main Contact Email: \_\_\_\_\_

Secondary Contact: \_\_\_\_\_ Secondary Contact Phone Number: \_\_\_\_\_

Secondary Contact Email: \_\_\_\_\_

## Location Information

Venue Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Date Venue will be Available for Event: Beginning on: \_\_\_\_/\_\_\_\_/\_\_\_\_ Ending on: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Needs to be 3 consecutive days Friday, Saturday, and Sunday near the end of January)

Number of Available Dart Boards: \_\_\_\_\_ Square Footage: \_\_\_\_\_ Is space Available for Vendors? Yes No

Will there be space available for Youth Events? Yes No (If Yes list times space will be available below)

Friday \_\_\_\_\_ Saturday \_\_\_\_\_ Sunday \_\_\_\_\_

Will minors be allowed in the Main Location while under Adult Supervision Yes No

Is this space separate from the Main Location? Yes No

Is There a PA System available for use during the Events? Yes No Is the Venue? Full Liquor Beer/Wine Only

Is the Location? Smoking Non-Smoking Will venue provide food/drink specials to for the event? Yes No

Does This Location Serve Food? Yes No If No, How Will Food be Provided? \_\_\_\_\_

(This is a long event and food must be provided, if the venue does not have a kitchen think of alternatives like food trucks)

Please provide outline of food/drink specials for this event \_\_\_\_\_

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## Lodging Information

Hotel Name: \_\_\_\_\_ Phone \_\_\_\_\_ Number: \_\_\_\_\_  
 \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_  
 \_\_\_\_\_ ZIP: \_\_\_\_\_ Rate Per Night \$ \_\_\_\_\_ Any Special Code or Request for  
 Dart Rate? \_\_\_\_\_ Deadline for Reservation: \_\_\_\_/\_\_\_\_/\_\_\_\_ How Far is this  
 Hotel from Venue? \_\_\_\_\_ Miles

## Host/Venue Will Provide

Friday Night Blind Draw with a \$ \_\_\_\_\_ Guarantee and will be hosted by the Hosting Organization  
 Is the venue/host willing to cover Food/Drink to FDA Board Members working the event in an amount up to \$ \_\_\_\_\_  
 Is the venue/host willing to help cover lodging for FDA Board Members? \$ \_\_\_\_\_ or Number of Rooms \_\_\_\_\_  
 Will the venue/host be donating anything additional to the FDA? \$ \_\_\_\_\_ or % of weekends gross \_\_\_\_\_  
 Use this space for anything additional you would like to add and/or describe the venue for this event: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

The hosting organization agrees to provide the above location at no charge, lodging arrangement and Board Member Amenities (for their hard work) to the Florida Dart Association (FDA) on the dates specified. The use of the dart area at the venue will be held exclusively for the Friday Blind Draw, Saturday First Chance, and Sunday Super Shoot events. The hosting organization agrees to be available to meet our vendors upon arrival on Friday and show them their location. The Hosting organization prior to the event will also set up a Control desk, dart boards, portables (if needed) and will break everything down at the end of the event on Sunday. The Hosting organization will be permitted to do any fund raising of their choosing during the Friday Night Blind Draw only. Fund raising during the First Chance and Super Shoot events will be held exclusive to the FDA. Signing this agreement is a binding contract between the host organization and the FDA to provide all items specified for this special event.

### Host Signature

X \_\_\_\_\_  
 Print Name: \_\_\_\_\_  
 Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Tournament Directors Approval

DocuSigned by:  
**LARRY STOY**  
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**LARRY STOY**

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_