

CAROLINA REGION/USA VOLLEYBALL JUNIOR INDOOR TOURNAMENT SANCTION REQUEST



I. Tournament Director Information:

II. Tournament Information

Tournament Director's (TD) Name: _____

TD's Mailing Address: _____

TD's City/St/Zip: _____

TD's Home Phone # (with area code): _____

TD's Work # (with area code): _____

TD's Mobile # (with area code): _____

TD's # to be reached day of trn (cell/pager/gym office): _____

Which Number to put on Schedule? Home Work Mobile

TD's Fax # with area code: _____

TD's E-mail: _____

TRN URL: _____

Post-Trn ACH payment Sent To: _____
(Completed W-9 and ACH forms Required) Name or Organization
CR Regular Season events only - Check may also be requested

Name of Tournament (Optional): _____

Date(s) of Tournament: _____

Site(s) of Tournament (List all gyms/facilities): _____

Sponsor(s) of Tournament (Optional): _____

Special Requests, waivers, non-tournament requests. Please be specific in describing your request: _____

Will you charge admissions? How much (\$5 max for 11 and older): _____
(One day tournaments only)

What time does facility open? _____

Check all applicable boxes for your event:
INDOOR CR Regular Season:

Gender: Girl's Boy's

Realm: East or West

Age Group: 18 17 16 15 14 13 12 11

Host any Division/Class/Age this weekend

Or List club/Teams needing to host: _____

Total Number of Courts Available: _____

INDOOR CR Multi-day Special Event:

Gender(s): Girl's Boy's

Age Group: 18 17 16 15 14 13 12 11

Registration Website:

 AES SportWrench Other _____

Registration Opens: _____

Total Number of Courts Available: _____

I hereby request sanction for the above-described tournament. In consideration for this sanction, I agree to pay all applicable fees to the Carolina Region and conduct this tournament in accordance with the regulations of the Carolina Region and with the current Official Indoor Rule book as approved and published by USA Volleyball. The Carolina Region shall have the right to review all entered teams and place teams within their appropriate playing divisions as needed. CR Sanction fees are withheld from post-tournament payment for all CR one-day events. CR multi-day special events will be invoiced after the event for sanction fees due.

PRINTED NAME

SIGNATURE

DATE

INSTRUCTIONS: Complete all sections above and sign. Send form to Region at least 3 weeks in advance of tournament. Requests submitted after deadline may not be accepted.

Send form to: Carolina Region, USAV office@carolinaregionvb.org
P.O. Box 1757, Clemmons, NC 27012-1757 (336) 766-3501 (fax)

FOR OFFICE USE ONLY

Date Received: _____ **Accepted:** _____ **Denied:** _____

rev: 9/2023