

CAROLINA REGION 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 #:(_____) _____

TD's Work #:(_____) _____

Which Number to put on Schedule? (Circle) Home Work

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

TD's Fax #: (_____) _____

TD's E-mail: _____

List email address on Web page? (Circle) Yes No

Post-Trn Checks Made Payable To? _____
Name or Organization

Name of Tournament (Optional): _____

Date 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: _____

Circle all appropriate Divisions and Classifications (by gender and group):

ADULTS:

Men Gold Silver Bronze
 Women Gold Silver Bronze
 Coed AA A BB B
 U-Volley
 Total Number of Courts Available _____

JUNIORS: (Circle Age, Division, & Gender)

18 17 16 15 14 13 12 10
 Platinum Gold Silver Bronze Copper
 Girl's Boy's

Total Number of Courts Available _____

OUTDOOR: (circle all that apply) Open AA A BB B Jrs Coed M W
 2's 3's 4's 6's Sand Grass

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 Official United States Domestic Competition Rules 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.

 PRINTED NAME SIGNATURE DATE

INSTRUCTIONS: Complete all sections above and sign. Outdoor requests must include \$15 sanction fee with form (indoor is taken out of post-tournament checks). Send form at least 3 weeks in advance of tournament (1 week for outdoor) to Region. Requests submitted after deadline may not be accepted.

Send form to: Carolina Region, USA V (336) 766-3581 (Phone)
 P.O. Box 1757 (336) 766-3501 (fax)
 Clemmons, NC 27012-1757

FOR OFFICE USE ONLY

Date Received: _____ Accepted: _____ Denied: _____