

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 # (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? (Check) Home Work Mobile

TD's Fax # with area code: _____

TD's E-mail: _____

Post-Trn Checks Made Payable To? _____
 (Completed W-9 Required) Name or Organization

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: _____

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

INDOOR ADULTS:

- Men Gold Silver Bronze
- Women Gold Silver Bronze
- Coed AA A BB B

Total Number of Courts Available for Adults _____

INDOOR JUNIORS: (Check Division, Age, Class, & Gender)

- East or West

- 18 17 16 15 14 13 12

- Host any Division/Class/Age this weekend

- Or List club/Teams needing to host: _____

- Girl's Boy's

Total Number of Courts Available for Juniors _____

- OUTDOOR:** (check 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 (most 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, USAV office@carolinaregionvb.org
 P.O. Box 1757, Clemmons, NC 27012-1757 (336) 766-3501 (fax)

FOR OFFICE USE ONLY

Date Received: _____ Accepted: _____ Denied: _____