CAROLINA REGION/USA VOLLEYBALL
ADULT TOURNAMENT SANCTION REQUEST

I. Tournament Director 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 ACH payment Sent To?_____
(Completed W-9 and ACH forms Required) Name or Organization

II. Tournament Information

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:_____

_____

_____

_____

What time does facility open?_____

Check all appropriate Divisions and Classifications:
Check applicable Gender & Divisions hosting

INDOOR ADULTS:

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

Total Number of Courts Available for Adults _____

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.

_____   _____   _____

PRINTED NAME   SIGNATURE   DATE

INSTRUCTIONS: Complete all sections above and sign. Send form to Region at least 3 weeks in advance of tournament. Tournament Sanction Fees due will be settled with host after the event. Requests submitted after deadline may not be accepted.

Send form to:

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

FOR OFFICE USE ONLY

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