



Application for Sanction: Men's/Women's Tournaments

Date of event: _____ Name of event: _____
Site(s) of event: _____

Tournament Configuration			
M/W	Division (Open, AA, A, BB, B)	Number of Courts	Teams per Court
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Note: You may not increase the number of courts without authorization from the appropriate Tournament Director(s).

Finances		If the event will produce a profit, to whom will it accrue, and if it will produce a loss, how will it be covered?
Team Entry Fee:	_____	
Projected Gross Revenue:	_____	
Projected Expenses:	_____	
Net Profit (Loss):	_____	

Person responsible for event: _____	USAV Registration Number: _____
Street: _____	Phone (h): (_____) _____ - _____
City: _____ State: _____ Zip: _____	Phone (w): (_____) _____ - _____
e-mail address: _____	Fax: (_____) _____ - _____

Entry checks payable to: _____ <input type="checkbox"/>

I have read the Ohio Valley Region Tournament Packet and agree to follow the guidelines therein. I understand that failure to follow the guidelines may result in loss of the privilege of running tournaments in the Ohio Valley Region.

Signature: _____ Date: _____

If you are running a combination tournament (e.g. Men's and Women's together), please send a copy of this form to each Tournament Director.