



USA Volleyball – Florida Region Application for Adult Tournament Sanction

Application made to : Adult Coordinator

Date: _____

Application is hereby made for sanction from USA Volleyball to conduct.....

(Please type or print all information!)

Fill out as much information as possible on page 1 and page 2 of this form. Applicant is to make 3 copies of this form. The original and one copy should be sent to the Region Office (13900 CR 455 Suite #107-133, Clermont FL 34711) and a \$30 sanction fee. (Checks made payable to USAV Florida Region.) Applicant should retain the 3rd copy.

The original will be returned to the applicant with action noted.

After the event, the remainder of the reverse side of this original (titled "Report of USA Volleyball Event & Quality") = must be completed and resent to the Region Office.

Adult Volleyball Competition

Other Event: (explain briefly) _____

1. **Name of Event:** _____ 2. **Date(s) of Event:** _____

3. **Sponsoring Organization:** Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ Email _____

4. **Site of Event** (headquarters): _____

5. **Describe briefly:**
 a. number of teams expected _____
 b. number of participants expected _____
 c. Number of spectators expected _____

6. **Person responsible for this Event - Name:** _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ Email _____

Signature: _____

7. **Other person(s) qualified as Tournament Director:** _____

position within organization: _____

Sanction and Conditions (To be completed by Adult Coordinator.)

The above event **IS / IS NOT** sanctioned based on the following conditions: _____

Date: _____ If Approved, Florida Region Event #: _____

By: _____, Florida Region Adult Coordinator

Report of USA Volleyball Event & Quality

Fill out as much of the following information as possible prior to sending in the original for sanctioning, along with the \$30.00 sanctioning fee. Immediately after the conclusion of the event, the remainder of this form must be filled out on the original copy of the "Application for Sanction" and sent to the Region Office. _____

Name of Event: _____ Date of Event: _____

Quality Report

Circle division(s) Elite Open Club
Circle description (all that apply): Men's Women's OPEN AA A BB
Length of Event: 1 day 2 days 3 days 4 days other _____

of teams: _____ Entry Fee: _____ Sanction Fee: _____
of participants: _____ Balance Due: _____
of spectators: _____ Admissions Fee: _____
of officials: _____ Fee per match: _____

Awards: (division & brief description): _____

Facilities: (send a copy of rental agreement for confirmation)

| Facility | # of regulation courts | Facility | # of regulation courts |
|----------|------------------------|----------|------------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Communications: (if event is held in multiple facilities)

Type (circle all that apply): 2-way radio phones fax other _____

Usage (circle all that apply): All Sites Headquarters Only other _____

Trainers: # of _____ at _____ sites Student Trainers Certified Trainers Both Student & Certified
(CIRCLE ONE)

Special Services/Perks: (i.e. – programs, t-shirts, etc.) _____

Result Report

Commentary on the event: The following are results of significance of this event. This includes: any protests made; any coaching violations; any misconduct of players, coaches or spectators; etc. Other comments that are relevant should also be included. Note any injuries and attach a copy of the Injury Report – including witness information.

Date: _____ Signature: _____

REQUIRED: *****Attach a copy or a neatly printed report listing pool results and bracket results for the entire tournament. (Head to head competitions to be clearly noted – W/L ONLY – not scores) This information is extremely important for correctly seeding future events as well as the report for the national rankings.