

CHESAPEAKE REGION VOLLEYBALL ASSOCIATION

Tournament Sanction Request

1. Event name: _____ Event date: _____

2. Site of event: _____

Street: _____

City/town: Zip: _____

3. Name of Team/Club host: _____

4. Contact person for event: _____

Address: _____

Telephone: (day) _____ (evening) _____ (fax) _____

Email: _____

Name of Tournament Director: _____

5. Division: Men Women Level: Open AA A BB B

6. Number of courts: _____ Teams per court: _____ First match start time: _____

7. Pool play format (all rally):

Half-Day Tournament (Check Box)

5 Team Pools: (2) 25 pt Games, or Match Play (2 of 3 Games*) 25 pt 21 pt, or Other _____

4 Team Pools: (3) Games 25 pt 21 pt, or Match Play (2 of 3 Games*) 25 pt 21 pt, or Other _____

If there are only 6 or 7 entries, do you want to conduct the tournament? (check one box) Yes No

If Yes, 1 or 2 Pools **of** _____ Games (25pts) or Match Play (2 of 3 Games*) 25 pt 21 pt, Other _____

***The 3rd game of match play shall be 15 points.**

8. **Playoff format:** Match Play (2 of 3) 25 pt games with 3rd game 15 pt (**this format required for all semifinal and final matches**)

Other (to be used **only** for quarterfinal or earlier playoff rounds): _____

9. TOURNAMENT EXPENSES

	Estimated	Actual
a. Facility charges	\$ _____	\$ _____
b. Sanction fee (\$7.00 per team)	\$ _____	\$ _____
c. Officials fees	\$ _____	\$ _____
d. New volleyballs	\$ _____	\$ _____
e. Awards	\$ _____	\$ _____
f. Score/lineup sheets, pens, etc	\$ _____	\$ _____
g. Other expenses	\$ _____	\$ _____
Total Expenses	\$ _____	\$ _____

10. TOURNAMENT INCOME

	Estimated	Actual
a. Entry fee \$ _____ x _____ teams =	\$ _____	\$ _____
Total Income	\$ _____	\$ _____

11. Net profit or loss (Income-Expenses) \$ _____ \$ _____

12. Signature _____ Date _____

THIS SECTION FOR TOURNAMENT CHAIR ONLY

Event [is ___ / is not ___] approved for sanction.

Reason for disapproval or conditions applying to sanction: _____

Identification number _____ Tournament Chair sig. _____ Date _____

Instructions for Completing the Tournament Sanction Request Form

1. Tournament hosts must follow policies and procedures as specified in the current Chesapeake Region Handbook when requesting and hosting sanctioned tournaments.
2. All numbered sections on the form must be completed. If any item does not apply, indicate by using "N/A" instead of leaving it blank.
3. Submit this Tournament Sanction Request form and the Tournament Invitation and Contract form (CHRVA Form 3) to the Tournament Chair at least 6 weeks prior to the date of your tournament. The Tournament Chair will return the original request form to you, either approved (with or without conditions) or disapproved (with an explanation for the disapproval). After the tournament, you will need to fill in the Actual Column and return this form to the Tournament Chair.
4. The Tournament Chair will send a copy of your approved Sanction form and your Tournament Invitation form to the appropriate Division Coordinator and the Referee Assignor as official notification to begin coordinating and scheduling your tournament.

5. Instructions

Section	How to fill it out
1.	Self explanatory
2.	Give complete address of tournament site and include separately complete directions to the site for teams and referees.
3.	Self explanatory
4.	Self explanatory
5.	Circle the division(s) and mark the number of teams in the space next to each circled division.
6.	Self explanatory, first match start time is the time the first matches start.
7.	Self explanatory, note when special advance permission is required.
8.	Self explanatory, note when special advance permission is required.
9.	When requesting the sanction, fill out only the Estimated column. After the tournament, complete the Actual column. Under "Official Fees" in the Actual column, include the cost you paid for teams without referees and/or scorekeepers.
10.	Same as for Section 9. In the "Other Income" Actual column, fill in the fees collected from teams without referees and/or scorekeepers.
11.	Self explanatory
12.	Self explanatory