

CHESAPEAKE REGION VOLLEYBALL ASSOCIATION
Fellowship Sanction Request

1. Event name: _____ Event date: _____

2. Event Site: _____

Street: _____

City/State: _____ Zip: _____

3. Event Host Team/Club: _____

4. Event Contact Person: _____

Address: _____

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

Email: _____

Tournament Director: _____

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

Women Level: Open AA A BB B

6. Number of Courts: _____ Teams per Court: _____ First Match Start Time: _____

7. Fellowship Competition format (rally scoring):

4 & 5 Team Pools: Two (2) 25-pt games, with the 2nd game a **DECIDING GAME** (with court switch @ 13 points)

8. ESTIMATED TOURNAMENT EXPENSES

a. Facility charges \$ _____

b. Sanction fee (\$30.00 per Court) \$ _____

c. Other expenses \$ _____

Total Expenses \$ _____

9. ESTIMATED TOURNAMENT INCOME

a. Entry fee \$ ___ x ___ teams = \$ _____

Total Income \$ _____

10. Net profit or loss \$ _____

11. 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 _____