

# 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) N  Yes

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

**\*The 3<sup>rd</sup> game of match play shall be 15 points.**

8. **Playoff format:** Match Play (2 of 3) 25 pt games with 3<sup>rd</sup> 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	\$ _____	\$ _____
<b>Total Expenses</b>	<b>\$ _____</b>	<b>\$ _____</b>

**10. TOURNAMENT INCOME**

	Estimated	Actual
a. Entry fee \$ _____ x _____ teams =	\$ _____	\$ _____
<b>Total Income</b>	<b>\$ _____</b>	<b>\$ _____</b>

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 \_\_\_\_\_