

2008 / 2009

OKLAHOMA REGION VOLLEYBALL ASSOCIATION
NON-TOURNAMENT SANCTION FORM

PRACTICE, TRYOUT, CLINIC, SCRIMMAGE FORM

BEFORE SANCTION CAN BE CONSIDERED ALL INFORMATION MUST BE COMPLETED AND MAILED OR FAXED TO: **OKRVA, 2741 NW 162nd, Edmond, OK 73013 - Fax: 405 285-0607- Email - Commissioner@okrva.com**

Do not publish or broadcast the below noted dates and location, until the below listed persons has written notification of the approval. This is a **REQUEST** only until such approval. Sample cause for not approving: date conflict, age conflict, non-sanctioned site, persons involved not having been previously Back Ground Checked. (Any adult dealing indirectly or directly with Junior participants.)

REQUESTED DATE OF EVENT: _____

**If multiple dates requested, please fill out a separate form for each date.*

REQUESTED TIME FRAME: _____ **see above** _____

NAME OF EVENT: _____

CLUB, PERSON OR TEAM HOSTING EVENT: _____

SITE OF PURPOSED EVENT: _____

INFORMATION OF CONTACT PERSON ON THIS EVENT: _____

ADDRESS: _____

CITY, ST, ZIP: _____ **EMAIL:** _____

HOME PHONE: _____ **WK PHONE:** _____

TYPE OF TOURNAMENT:

PRACTICE TRYOUT CLINIC SCRIMMAGE OTHER _____

CLASSIFICATION REQUESTING: 18 17 16 15 14 13 12 -ALL

INSURANCE CERTIFICATE: DOES FACILITY NEED A CERTIFICATE THAT NAMES THEM ALONG WITH THE SPONSOR OF EVENT: (If yes, then please fill out information completely (NAME OF FACILITY, ADDRESS, PHONE, CONTACT PERSON IN CHARGE OF FACILITY) and turn into the Region office no later than 2 weeks before event):

ANY SPECIFIC REQUEST REGARDING FEE'S, WAIVERS, SPECIAL CONSIDERATIONS?

*I hereby request approval for the above listed volleyball event. For this sanction I agree to conduct this event in accordance with the rules and regulations of **OkRVA, USA Volleyball, and the facility being used.** I agree to forward all information, registration forms, registration fee's, sanction fee's, within 14 days of the conclusion of event. I understand that by not following the rules and regulations listed above, could result in a penalty sanction fee, cancellation of event and possible future events. Before an approved event can be canceled, change of date or time changed by host, you must contact the OkRVA office for instructions.*

(signature of responsible party)

(printed name)

(for office use)

SANCTION NUMBER: OK 08-09: _____ **ACTION TAKEN:** _____

DATE: _____ **SIGNATURE** _____