

OKLAHOMA REGION VOLLEYBALL ASSOCIATION SANCTION REQUEST FORM 2018 / 2019

BEFORE SANCTION CAN BE CONSIDERED
ALL INFORMATION MUST BE COMPLETED AND MAILED OR FAXED TO:
OKRVA
18605 Alberto Place
Edmond, OK 73012
Phone: 405/285.6622 Fax: 405/285.0607
okrva@cox.net

REQUESTED DATE OF EVENT: _____ REQUESTED ENTRY FEE: _____

NAME OF EVENT: _____

SPONSOR, PERSON, OR TEAM HOSTING EVENT: _____

EVENT DIRECTOR IF DIFFERENT FROM HOST: _____

SITE(S) OF PROPOSED EVENT: _____

INFORMATION OF CONTACT PERSON ON THIS EVENT:

NAME: _____

ADDRESS: _____

CITY, ST, ZIP: _____

HOME PHONE: _____ WK PHONE: _____

EMAIL: _____

TYPE OF TOURNAMENT: MENS WOMENS JUNIOR COED

CLASSIFICATION REQUESTED: **ADULT** OPEN AA A BB B 11
 JR 18 17 16 15 14 13 12

HOW MANY TEAMS DO YOU EXPECT TO ENTER? _____ HOW MANY COURTS WILL BE AVAILABLE? _____

ARE YOU CHARGING GATE? _____ (\$5 MAX FOR ONE-DAY) MULTI DAY EVENTS - PLEASE CHECK WITH REGION OFFICE

ANY SPECIFIC REQUEST REGARDING FEES, WAIVERS, SPECIAL CONSIDERATION?

I hereby request approval for the above listed volleyball tournament. For this sanction I agree to conduct this event in accordance with the rules and regulations of OkRVA, USA Volleyball, the facility being used and within the guidelines of the Tournament Guidelines Manual. I agree to forward all information, registration forms, registration, fees, sanctions fees (\$22 per team) penalty sanctions, results, score sheets, rating sheets in accordance with the OKRVA Tournament Guidelines. I understand that by not following the rules and regulations listed above could result in additional fees in accordance with Tournament Guidelines Manual, cancellation of event and possible future events. Before an approved event can be canceled by host, you must contact the OkRVA office for instructions. Cancellation of event without prior approval could result in you owing the sanction fees per team expected to enter.

signature (for office use only) _____
printed name

SANCTION NUMBER:	OK18-19	ACTION TAKEN:	
DATE:		SIGNATURE:	