

**OKLAHOMA REGION VOLLEYBALL ASSOCIATION
PRACTICE, TRYOUT, CLINIC, SCRIMMAGE FORM
NON-TOURNAMENT SANCTION FORM
2011/2012**

BEFORE SANCTION CAN BE CONSIDERED
ALL INFORMATION MUST BE COMPLETED AND MAILED OR FAXED TO:
OKRVA
2741 NW 162nd
Edmond, OK 73013
Phone: 405/285.6622 Fax: 405/285.0607
commissioner@okrva.com

REQUESTED DATE OF EVENT: _____

NAME OF EVENT: _____

CLUB, PERSON, OR TEAM HOSTING EVENT: _____

SITE OF PROPOSED EVENT: _____

INFORMATION OF CONTACT PERSON ON THIS EVENT:

NAME: _____

ADDRESS: _____

CITY, ST, ZIP: _____

HOME PHONE: _____ WK PHONE: _____

EMAIL: _____

TYPE OF EVENT:

PRACTICE TRYOUT CLINIC SCRIMMAGE OTHER _____

CLASSIFICATION REQUESTING: 18 17 16 15 14 13 12

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 FEES, WAIVERS, SPECIAL CONSIDERATIONS?

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. I agree to forward all information, registration forms, registration, fees, sanction fees, within 14 days of the conclusion of event. I understand that by not following the rules and regulations listed above could result in additional fees (\$5.00 @ week), 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.

_____ signature _____ printed name

===== (for office use only) =====

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| SANCTION NUMBER: | OK11-12 | ACTION TAKEN: | |
| DATE: | | SIGNATURE: | |