

**OKLAHOMA REGION VOLLEYBALL ASSOCIATION
TOURNAMENT SANCTION REQUEST FORM
2010 / 2011**

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: _____

REQUESTED ENTRY FEE: _____

NAME OF EVENT: _____

SPONSOR, PERSON, OR TEAM HOSTING EVENT: _____

EVENT DIRECTOR IF DIFFERENT FROM HOST: _____

SITE 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 RECREATION
 JR 18 17 16 15 14 13 12

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

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 tm entered) penalty sanctions, results, score sheets, rating sheets 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 per team expected to enter.

signature (for office use only) _____
printed name

SANCTION NUMBER:	OK10-11	ACTION TAKEN:	
DATE:		SIGNATURE:	