



UNITED STATES VOLLEYBALL ASSOCIATION

Application for Sanction of USVBA Event
Sanction & Conditions

TO: USVBA Commissioner, Region \_\_\_\_\_ Date: \_\_\_\_\_

Application is hereby made for sanction from the United States Volleyball Association to conduct (check all that apply):

Division: [ ] Adult [ ] Junior [ ] Beach [ ] Indoor Type Event: [ ] Camp [ ] Clinic [ ] Tournament [ ] League
[ ] Other Event: (explain briefly) \_\_\_\_\_

Divisions: Adult: [ ] A/AA [ ] B/BB [ ] Coed Junior: [ ] 18/17 [ ] 16/15 [ ] 14/13 [ ] 12/11 [ ] Youth [ ] Coed

Gender: [ ] Female [ ] Male Level of Play: [ ] Open [ ] Championship [ ] Club [ ] Masters [ ] Seniors

1. Name of Event: \_\_\_\_\_

2. Date(s) of Event: \_\_\_\_\_

3. Sponsoring Organization: Name \_\_\_\_\_
Address \_\_\_\_\_

4. Site(s) of Event: \_\_\_\_\_

5. Describe briefly: a. Number of teams expected \_\_\_\_\_ b. Number of participants expected \_\_\_\_\_
c. Number of spectators expected \_\_\_\_\_
d. Projected gross revenue from -
participating teams \_\_\_\_\_
participating individuals \_\_\_\_\_
spectators \_\_\_\_\_
other sources (explain) \_\_\_\_\_
e. Projected total expenses \_\_\_\_\_
f. Net profit or loss from the event \_\_\_\_\_

6. If the event will produce a profit to whom will it accrue, and if it will produce a loss how will that loss be covered?
\_\_\_\_\_

7. Responsible party for event: \_\_\_\_\_
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

8. Person making application: \_\_\_\_\_ Signature: \_\_\_\_\_
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Applicant is to keep a copy and send the original to the USVBA Region Commissioner. A copy of the original will be returned to the applicant with action noted. Within 7 days following the event, Page 2 "Report of USVBA Event", must be completed and sent to the Regional Commissioner with the appropriate sanction fees.

Sanction and Conditions

The above event is/is not sanctioned based on the following conditions: \_\_\_\_\_

Date approved: \_\_\_\_\_ By: \_\_\_\_\_ (Signature)

Sanction #: \_\_\_\_\_ Title/Region: \_\_\_\_\_



UNITED STATES VOLLEYBALL ASSOCIATION

USA Volleyball

Report of USVBA Event

Within 7 days following the event sanctioned on Page 1 of this form the following report must be completed and sent to the Region Commissioner with results/list of participants and the appropriate sanction fees.

NAME OF EVENT \_\_\_\_\_ DATE OF EVENT \_\_\_\_\_

FINANCIAL REPORT

Table with 10 rows for financial reporting. Rows include: 1 Teams at, 2 Participants at, 3a Spectators at, 3b Spectators at, 4 Other receipts (specify), 5 TOTAL RECEIPTS, 6 Facility charges, 7 Services (specify), 8 Other expenses, 9 TOTAL EXPENSES, 10 NET RECEIPTS. Columns include descriptions, dollar amounts, and totals.

RESULT REPORT

TOURNAMENT

[ ] The results of the tournament are being submitted with this Report and appropriate sanction fees to the Region Commissioner within 7 days of the event.

CAMP/CLINIC

[ ] The list of participants and their USAV membership numbers are being submitted with this Report and appropriate Sanction Fees to the Region Commissioner within 7 days of the event. Any membership forms and fees collected at the event are also being submitted with this report.

OTHER TYPE EVENT

[ ] Within 7 days of the event the results and/or list of participants are being submitted with this Report and appropriate Sanction Fees to the Region Commissioner.

Commentary on Event:

The following are the results of significance of this event. Other comments as applicable may be listed here

Four horizontal lines for entering commentary on the event.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_