

Application to Host a NAGVA Sanctioned Tournament

Alternate Contact: (name: first last) _____

Phone: () _____ Email: _____@_____

(We will only contact this person in the event we are unable to reach the individual noted previously as TD; Alt contact is Not to be considered a "Co-Director." Although such arrangements do take place at the local host committee's discretion, only one individual is considered the Tournament Director in terms of the sanctioning agreement with NAGVA.)

Non-Playing Facility Coordinator: (name: first last) _____

Emergency Personnel: (name: first last) _____

Qualifications: _____

Registrar: (name: first last) _____

Email: _____

Registration

 - in coordination with NAGVA Regional Commissioner

Registration Venue: _____

name address

Alt. Registration site (late, or if above venue is 21+): _____

Do you want Online Registration set up for your event? (no added cost) No Yes

Please complete the two statements to the below:

"Make Checks payable to: _____"

"Mail Registration Payments to: _____"

Entry Fee includes: Registration for (#) ____ players

Additional Players : Allowed : (#) ____ Fee per Add'l: \$ ____

Entry fee 1	\$	Deadline 1:	
Entry fee 2	\$	Deadline 2:	
Entry fee 3	\$	Deadline 3:	

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Facility Information

Total # of Facilities: _____

Facility #1

Name: _____ # courts used: _____ # available : _____

Address: _____
street city state zip

Facility #2

Name: _____ # courts used: _____ # available : _____

Address: _____
street city state zip

(For tournaments intending to use more than two facilities for games, please provide details in additional email message)

Insurance

As organizers of a NAGVA Sanctioned Tournament, your registered participants benefit from our general liability Coverage, and secondary medical coverage for injuries occurring during the event. Your facility may have its own minimum coverage requirements. YOU MUST research and confirm if your event is subject to specific insurance requirements, and determine if NAGVA's policy is adequate.

Current policy limits	\$1 million / General liability (each occurrence)
	\$2 million/ Aggregate general liability
	\$5,000 / Medical expense of any 1 person (sec. to other medical insurance)
	\$300,000 / Fire

Select option that best describes your facility's insurance requirements:

- N/A - Facility has no requirements
- Less than NAGVA's policy maximums
- Exceed NAGVA's levels of coverage

The checkbox above is a preliminary step - when you have determined your facility's requirements, please submit the ***Request for Certificate of Insurance Form*** to VP of Tournaments for processing.

Format of Competition

Pool Play:

Matches: _____ Timed: No / Yes #Minutes/Match: _____(default = 45)

Tournament Play:

Games per Match: _____ Max Teams / Pool: _____ Brackets: Double Elimination
 International

Loser's Bracket Matches: 1 game (0-25) Best of 3

Awards:

Team Trophy Individual Medals All Star Awards MVP Awards Other:_____

Officials: (required for Tournament / Elimination Rounds)

USAV FIVB NAGVA (select any combination)

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Marketing /Sponsorship

Team Rep Email List available to Directors upon request.

Do you anticipate needing the list?

No

Yes (no if unanswered)

Is your event likely to secure sponsorship of any kind?

No

Yes

/ NOTE: Tournament revenue in excess of \$250 must be itemized in your post-tournament financial report. Individuals may not profit from a sanctioned tournament,- Rules & Regulations 3.01 A 2 a-c /

If yes, please list sponsors (they will not be contacted)

*T-Shirts

Not Produced

Donated/Sponsored

Available for Sale

Included in Entry Fee

Officiating & Scorekeeping Certification

Per NAGVA's requirements, both an Officiating Clinic and Scorekeeping Clinic, with evaluations, must be offered. Shortly after your tournament is approved, you will be directed to download or request via email all related forms, tests, and answer sheets to be able to administer the clinics.

Officiating Clinic Coordinator:

name: _____

email: _____

Scorekeeping Clinic Coordinator:

name: _____

email: _____

Practical Obs. Coordinator:

name: _____

email: _____

Acknowledgement of Terms

I, _____ (Tournament Director) acknowledge that I cannot make copies, sell, lease, give, distribute, etc. the membership mailing list or membership email list, which NAGVA provides upon my request, in part of NAGVA's support provided to sanctioned events.

Furthermore, I have read and understand NAGVA's current season's Bylaws and Rules & Regulations, and will conduct tournament competition and administration accordingly. I also agree to comply with any NAGVA policies and procedures. I understand that failure to comply with said rules can result in immediate loss of tournament sanctioning.

By signing this application request, I acknowledge my responsibility to ensure that rules of competition, as defined in Bylaws Section V, are followed and enforced with respect to volleyball matches played during this sanctioned tournament.

Submittal of an electronic form of this Sanctioning Application constitutes my agreement to comply with the above stipulations.

Tournament Director's Signature

Date

FAX completed form to:

Eric Nelson, NAGVA VP of Tournaments

866-573-8160