

TOURNAMENT REQUEST FORM



Evergreen Region

(Fill out and return to lkwelchy33@gmail.com AND Lindsay@evergreenregion.org)

Tournament Director Name:

Club or Entity Affiliation:

Email: Phone:

Tournament Name:

(ONE FORM PER DAY/DATE even if it is the same TOURNAMENT NAME)

Tournament Day & Date:

Tournament Location (City):

Age group(s): (Check ONE)

U12 U13 U14 U15 U16 U18

Number of teams hosting in this age group: (Check ONE for age group above)

8 12 16 24 32 64+ OTHER

Number of Courts Available for number of teams hosting in this age group:

2 3 4 6 8 16+ OTHER

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****If approved and your gyms/tournament DO NOT meet ERVA rules and regulations– you will not be allowed to host the following year.****

****This form is not your sanction form and does not guarantee your tournament request will be granted. Your tournament will not be accepted until you hear back from the Tournament Coordinator, Larissa Welch, and are placed on the Tournament Schedule for 2017-2018.**

Approved: _____

Date: _____