

## Tournament/Clinic Sanction Form Application

Name of Tournament/Clinic \_\_\_\_\_

Tournament/Clinic Site and Address of Park \_\_\_\_\_

Dates of Tournament/Clinic \_\_\_\_\_ Entry Deadline \_\_\_\_\_

Entry/Participation Fee \_\_\_\_\_ Tournament Format & Number of Games Guaranteed \_\_\_\_\_

Make Checks Payable to: \_\_\_\_\_

Number of Teams/Players Expected \_\_\_\_\_

**Division(s) of play:**

Girl's 8 & Under Fast Pitch \_\_\_\_\_ Girl's 10 & Under Fast Pitch \_\_\_\_\_ Girl's 12 & Under Fast Pitch \_\_\_\_\_

Girl's 14 & Under Fast Pitch \_\_\_\_\_ Girl's 16 & Under Fast Pitch \_\_\_\_\_ Girl's 18 & Under Fast Pitch \_\_\_\_\_

Men's 12" Slow Pitch \_\_\_\_\_ Women's Slow Pitch \_\_\_\_\_ Men's 16" Slow Pitch \_\_\_\_\_

Co-Ed Slow Pitch \_\_\_\_\_

**Tournament Director/Event Coordinator or Sponsor**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Mobile Phone (\_\_\_\_\_) \_\_\_\_\_ Home Phone (\_\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_

Are out of state teams/players expected to participate in this tournament? \_\_\_\_\_

I request that this tournament/ clinic be sanctioned by USA Softball and I agree to the following requirements:

- 1) All teams participating in the tournament will be USA Softball registered.
- 2) All umpires working the tournament will be USA Softball registered.
- 3) Invitational Tournaments may establish rules and regulations for their tournament. Joint ventures with competing organizations are prohibited without the expressed written consent of the State Commissioner.
- 4) No invitational tournament may be conducted which conflicts with state championship play for that division and classification of play.
- 5) Junior Olympic (Youth). The sale or possession of beverages that contain alcohol on the softball complex is prohibited.
- 6) Junior Olympic (Youth). All adult coaches, scorekeepers, etc. on the field or in the dugout must have passed a current year USA Softball background check, and at least one coach must be ACE certified by USA Softball for the current year.
- 7) A copy of the tournament/clinic invitation flyer and tournament bracket must be sent to the USA Softball of Iowa State Office.
- 8) No player or coach disbarred or suspended by USA Softball is eligible to enter the tournament or be listed on a team roster.
- 9) Failure to comply with the above teams may result in this tournament being placed under suspension. In addition, USA Softball may suspend individuals responsible for this event if it is found that it is in violation of the USA Softball Code.
- 10) Sanctioned tournaments will be listed on the tournamentUSAsoftball.com web site for no charge. If the tournament wishes to use the full capabilities of the tournamentUSAsoftball.com web site are required to pay the fee for the full use of the website.

Date \_\_\_\_\_ Signature of Event Director/Coordinator \_\_\_\_\_

**This tournament/clinic, if approved for sanctioning, will be posted on the tournamentUSAsoftball.com web site and emailed to the previous year's state tournament teams. Tournament accident and liability insurance is not included with the sanctioning of tournaments, but may be purchased from USA Softball of Iowa (Bollinger Insurance). The tournament directors are covered under USA Softball's General Liability Insurance (\$5 million) if all teams are individually registered. Tournament Directors may require teams to have USA Softball Team Insurance either through the individual registration or by purchasing tournament/clinic insurance.**

*(This section for State Commissioner)*

USA Softball of Iowa State Commissioner Approves ( ) Does Not Approve ( ) the sanctioning of this tournament.

Date \_\_\_\_\_ Signature of State Commissioner \_\_\_\_\_

Please type in information in this form and save to your computer. Either email form to: Tom Topping at [t.topping@mchsi.com](mailto:t.topping@mchsi.com) by filling out this form and clicking on attach to email button below or mail to USA Softball of Iowa, 1126 Jensen St. Iowa City, IA 52246. For questions, please call 319-330-7030.