



TOURNAMENT APPLICATION

Date of Application: _____
 Tournament Director: _____
 Organization (School, Club, Camp, etc.): _____
 Organization Address: _____
 City: _____
 State/Prov: _____ Zip/Postal Code: _____ Country _____
 Organization phone #: _____
 Cell phone#: _____ Home # _____
 Fax #: _____
 E-mail address: _____

Check Tournament Level:
 National
 Regional
 ST/PV
 Sanctioned (Area)
 Recognized (Local)

Shipping Address for Equipment (if different than above)

Tournament Date: _____ **Tournament Time:** _____

Tournament Location: _____

Tournament Age Divisions (circle the Age Divisions you plan to offer):

4U 5 6 7 8 9 10 11 12 13 14 15 16 17 18 Collegiate Masters 1, 2, 3 Seniors

Tournament Events (circle the Events you plan to offer):

Individual 3-3-3; 3-6-3; Cycle Doubles Timed 3-6-3 Relay
 Head to Head Relays 3-3-3 (6 u only); 3-6-3; Cycle

I will need the following WSSA Equipment:
(Shipping Cost will be Invoiced in addition to Tournament Fee's)

Loaner Tournament Displays: Yes No
 Loaner Stackmats: Yes No
 WSSA Posters: Yes No
 Judges Training DVD's \$1 each Yes No
 Tournament MGMT Software (fee) Yes No
 Participant Items: (fee) Yes No
 Video Camera/Tripods: (\$20 per) Yes No

Tournament Name: WSSA _____
 (Contact the WSSA before choosing a Tournament Name)

I agree that by hosting a WSSA Sanctioned or Recognized/Non-sanctioned Tournament I will follow all the rules, regulations and requirements as provided and specified by the WSSA. _____

Tournament Director's Signature

Mail completed application to: WSSA, Attn: Mark Lingle, PO Box 630526, Highlands Ranch, CO 80163-0526 or fax this form (303-962-5650) or call in the information (303-962-5672).