



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
 ST/PV/Regional
 Sanctioned
 Recognized

Tournament Size (for Sanctioned and Recognized Tournament Levels Only):
 Area (Many Schools/Organizations) Local (One School/Organization)

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 15-18 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:

Loaner Tournament Displays:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Loaner Stackmats:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
WSSA Posters:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Judges Training DVD's	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Tournament MGMT Software (fee)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Participant Items: (fee)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Video Camera/Tripods: (fee)	<input type="checkbox"/> Yes	<input type="checkbox"/> 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).