



# BAYOU

## Regional Volleyball Association

### Tournament / Event Sanction Application



Event Name: \_\_\_\_\_ Event date: \_\_\_\_\_

Event Site(s): \_\_\_\_\_

Event Director: \_\_\_\_\_

Address: \_\_\_\_\_ City, ST Zip: \_\_\_\_\_

Phone contact(s): \_\_\_\_\_ Website address: \_\_\_\_\_

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

**Divisions being offered: (Mark all divisions that apply for the tournament / event being planned.)**

Adult Male		Adult Female		Junior Female		Junior Male	
<input type="checkbox"/> Open	<input type="checkbox"/> Co-Ed	<input type="checkbox"/> Open	<input type="checkbox"/> Co-Ed	<input type="checkbox"/> G10	<input type="checkbox"/> G15	<input type="checkbox"/> B10	<input type="checkbox"/> B15
<input type="checkbox"/> MAA	<input type="checkbox"/> MBB	<input type="checkbox"/> FAA	<input type="checkbox"/> FBB	<input type="checkbox"/> G12	<input type="checkbox"/> G16	<input type="checkbox"/> B12	<input type="checkbox"/> B16
<input type="checkbox"/> MA	<input type="checkbox"/> MB	<input type="checkbox"/> FA	<input type="checkbox"/> FB	<input type="checkbox"/> G13	<input type="checkbox"/> G17	<input type="checkbox"/> B13	<input type="checkbox"/> B17
<input type="checkbox"/> Other _____		<input type="checkbox"/> Other _____		<input type="checkbox"/> G14	<input type="checkbox"/> G18	<input type="checkbox"/> B14	<input type="checkbox"/> B18

*Please complete the following information regarding your tournament or event.*

<p>1 Number of facilities being used? _____</p> <p>2 Total number of courts being used? _____</p> <p>3 Total number of teams expected? _____</p> <p>4 What is the team entry fee? _____</p> <p>5 Is it a 1, 2, 3 or more day event? _____</p> <p>6 Will there be an admittance fee for spectators? If so, how much? _____</p> <p>7 Are awards being given? _____ Y N</p> <p>8 Will there be a tournament director at each site? _____ Y N</p> <p>9 Are paid USAV referees being employed? _____ Y N</p> <p>10 Will you have a trainer available? _____ Y N</p>	<p><i>I certify that the Tournament Sanctioning information is correct and that tournament administrators will do all possible to insure that all participants are currently registered USAV members. I also acknowledge that my application may not be accepted unless the entry form is completely filled out, signed by the Tournament Director and accompanied by the appropriate fee. I understand that if the sanction is not granted or is withdrawn prior to the event, a valid explanation will be given and all sanction fees will be returned. I agree that failure to adhere to sanctioning requirements may result in future disciplinary action by The Regional against me and/or my organization. I also agree to file a report (copy on reverse of the application) of my event within 2 weeks of its conclusion.</i></p> <p>_____</p> <p style="text-align: center;"><i>Signature of Tournament Director</i></p>
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**Send completed application original with appropriate fee(s) to BRVA Registrar and keep copy for your records.**

**Sanction Fees**  
 Sanction Fee (\$25 p/court p/event weekend maximum \$150)    # of courts scheduled    x    **\$25**    \_\_\_\_\_

Do not write in this box.

Date received: \_\_\_\_\_ Amount: \_\_\_\_\_

Sanction code: \_\_\_\_\_

Reason sanction not issued: \_\_\_\_\_

**Total:**



# BAYOU

**Regional Volleyball Association**  
Tournament / Event Report Form



Tournament / Event Name: \_\_\_\_\_ Sanction #: \_\_\_\_\_

Reporting Individual: \_\_\_\_\_ Date: \_\_\_\_\_

<b>TOURNAMENT / EVENT RESULTS REPORT</b>	List the Division in the column above the order of finish.						
	(Divisions: MAA, MBB, MB, MA, WAA, WA, WBB, WB, G18, G17, G16, G15, G14, G13, G12, G10, B18, B17, B16, B15, B14, B13, B12, or B10)						
	Division-	Division-	Division-	Division-	Division-	Division-	Other-
1st							
2nd							
3rd							
4th							
5th							

<b>TOURNAMENT / EVENTS INCIDENT REPORT</b>	# of incidents	EMT or security called? (Y / N)	Medical incident report completed? (Y / N)
Medical incident (s)			
Behavioral incidents (s)			

**Copies of all completed Incident Reports must be sent to the Regional office.**

A detailed description of any/all behavioral incidents warranting review and possible action by the Regional Board should accompany this report. The report should contain a description of the events leading to the incident, all parties involved, the resultant behavior, the Club, Team and person's name and any action taken on site.

<b>ON-SITE REGISTRATION REPORT</b>	Amount	Number of registrants			Totals
Team registrations (all)	Free	x		=	
Individual Registrations (all)	\$45	x		=	
One-event registrations & Outdoor	\$20	x		=	
Other	\$	x		=	

**Subtotal**

Onsite registration reimbursement	\$5	x	Total #	=	minus
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*The on-site registration fee includes the regional approved \$5 surcharge for same day registrations.*

**Total due Bayou Regional>**

***The individual registration forms must accompany this report.***

Payments to the BRVA for on-site (same-day) registrations must be made by single check for the total due. While the BRVA does compensate organizers for accepting registrations on-site (same day), it does not recommend the acceptance of a check for payment of on-site (same day) registration.

Send this report with accompanying payment and documentation to:

**BAYOU Regional Volleyball Association, Attn: Registrar, 7226 Success St., Arabi, LA 70032**