

North Country Region USA Volleyball

(952) 831-9150 or (800) 967-7675 ext.14

Fax: (715) 273-4216

jennifer@ncrusav.org

Application for Sponsoring an Adult Benefit Volleyball Tournament

*Administered by North Country Region USA Volleyball
Minnesota, North Dakota, South Dakota, and the upper peninsula of Michigan*

Every year North Country Region USA Volleyball receives dozens of requests to promote various Adult Volleyball Tournaments throughout our Region. Since we do not have the ability to accommodate all requests, we have developed the following application process for sponsoring an event. **PLEASE NOTE:** we will only accept applications from events that are benefits or fundraiser tournaments, with proceeds going to needy organizations, individuals or families. We also sanction tournaments, which anyone is eligible to do. Forms for sanctioning an event can be found at www.ncrusav.org under Adults/ Registration Forms.

NCR will help sponsor and promote events that are accepted via the application process. We will be accepting up to **THREE** events for the 2009-010 tournament season.

Who can apply?

Anyone offering an Adult Volleyball Tournament as a benefit or fundraiser. Selection of recipients will be determined by

- Date application is received
- Number of events already accepted
- NCR staff approval

Requirements of recipient

- Submit attached application along with your tournament entry form.
- Must have participants sign a North Country Region USA Volleyball waiver before participating in your event and returned to NCR office after completion of event.
- Date **MUST** not conflict with any NCR adult tournament event found at www.ncrusav.org under ADULTS.

Additional Benefits

- Event will be posted on the NCR Adult Tournament Schedule at www.ncrusav.org.
- E-mails will be sent out regarding your event.

Questions

(952) 831-9150 or (800) 657-6967 ext. 14

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Complete and mail/e-mail to:

NCR c/o Jennifer Brathol, W4138 570th Ave, Ellsworth, WI 54011

Or Fax:

(715) 273-4216

More Information:

Application MUST be received 3 weeks in advance of tournament date.

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Applicant Name	
Organization Name (if applicable)	
Address	
Best Contact Phone #	
E-mail	
Tournament Name	
Tournament Type (Coed, Men's or Women's, etc)	
Divisions (AA, A, BB, B, Rec)	
Tournament Date	
Tournament Location	
Entry Fee	
Benefit Recipient	

Please complete this sheet in its entirety in order to be considered. Please type your responses on separate paper. Include your tournament entry form with application.

1. Please describe the beneficiary of your event.
2. What will your beneficiary be receiving from this event?