



SOUTHERN CALIFORNIA ASA TOURNAMENT SANCTION REQUEST

DATE OF EVENT: _____ LOCATION: _____

TOURNAMENT DIRECTOR/HOST: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: HOME: _____ BUSINESS: _____

DIVISION/SEX/CLASSIFICATION OF TEAMS (list all): _____

ANTICIPATED NO. OF TEAMS: _____ NUMBER OF FIELDS: _____

TOURNAMENT FORMAT (i.e. round-robin, double elimination): _____

FIELD OWNER: _____

SANCTION AGREEMENT

By signing below, I declare that I am an official of the above named tournament host, or that I am an individual tournament director, requesting a sanction for the tournament identified above. Further, I declare that I have read this agreement, and sanctioning requirements and agree to fulfill the requirements as stated herein. I (we) agree to the following conditions in return for Southern California ASA granting a sanction for this event:

1. To obtain and/or maintain at least \$1,000,000 in General Liability Insurance for the event. Said policy or policies shall include Southern California ASA as additionally insured. Such insurance is available through Bollinger Insurance Company and is made available to you as a part of this sanctioning agreement.
2. That all paid umpires utilized for this event be currently registered and in good standing with ASA.
3. To insure that all teams participating in this event are currently registered and in good standing with ASA.
4. To collect a \$10.00 registration fee from any unregistered team participating in this event, and submit said fees along with the team's information to the appropriate Southern California ASA staff member, with the tournament report within ten (10) days of the event.
5. Within ten (10) days, submit to the appropriate Southern staff member, a complete tournament report containing the name and address of all teams participating in the event, along with any registration fees due.
6. **Pay a sanctioning fee with the submittal of this request. Fees are \$10 for local events, \$20 for So Cal Championship events, \$50 for events with National berths.**

I have read and understand this Sanctioning Agreement.

SIGNED: _____ DATE: _____

PRINTED NAME: _____

SUBMIT TO: Gary Berouty, So Cal ASA Adult Commissioner, 2319 Hill Lane, Redondo Beach, CA 90278
FOR MORE INFORMATION- PHONE: 310-798-5390