

# TOURNAMENT HOST APPLICATION

Applications must be complete and either faxed (808-538-4002) or e-mailed to ([adultvolleyball@yahoo.com](mailto:adultvolleyball@yahoo.com))  
Attn: Pat Akana, 3 weeks prior to the tournament date. You will be notified 10 days prior to the tournament date whether there are sufficient teams.

**DATE SUBMITTED:** \_\_\_\_\_

**TEAM NAME:** \_\_\_\_\_

**TEAM REPRESENTATIVE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_

**BUSINESS PHONE:** \_\_\_\_\_

**OTHER (cell):** \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_



## TOURNAMENT INFORMATION

The Host Team must designate a responsible person to administer all duties of the tournament. He/She will collect fees, pay out cash awards, pay "On Site" official and phone/e-mail all tournament scores.

**DESIGNATED  
TEAM CO-ORDIANATOR:** \_\_\_\_\_

**GYM SITE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**GYM PHONE NUMBER:** \_\_\_\_\_

**DATES REQUESTED:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**HOURS REQUESTED: FROM: \_\_\_\_\_ TO: \_\_\_\_\_**

**NUMBER OF COURTS: \_\_\_\_\_ NUMBER OF TEAMS: \_\_\_\_\_**

**Submit a brief description of the location of the gym (directions):**