

TOURNAMENT HOST APPLICATION

Applications must be complete and either faxed (808-538-4002) or e-mailed to (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: _____

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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):