



Tournament Hosting and Rental Facility Form

Please complete the entire form

Name of Site: _____ Total Courts Available: _____

Site Address: _____ City: _____ State: _____ Zip Code: _____

Contact Information

Your Name: _____

Your Address: _____ City: _____ State: _____ Zip Code: _____

Primary Phone #: _____ Cell Work Home

Email: _____

Payment Information

Check Payable to: _____

Mail Check to

School/Facility: _____

Attn: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Notes: _____

Site Information/Equipment

Do you have the following: Ref Stands or Platforms Flip Scores, How many? _____

Court Antennas Padding for poles / Ref stand Built-In Restrooms

(Check all that apply) Concessions Restaurants nearby A/C Heating Free Parking

Facility Availability

(Please fill in the date(s) you are available for each month)

September 2012: _____

October 2012: _____

November 2012: _____

December 2012: _____

January 2013: _____

February 2013: _____

March 2013: _____

April 2013: _____

May 2013: _____

June 2013: _____

Are you a trained NCVA Tournament Director? YES NO

If no, would you like to be trained as an NCVA TD? YES NO

Please return this form to NCVA