

Application for IGHSAU Sanction of Intrastate Athletic Event

Application Date _____

Date of Event: _____ Time of Event: _____ Girls: Boys:

Name of Tournament _____ Sport _____

Tournament Sponsor _____

Sponsor Address _____ City _____ State _____ Zip _____

Phone number(_____) _____ Fax(_____) _____

Tournament Director _____ Phone(_____) _____

Tournament Director Email Address _____

Schools invited from the following states: _____

(List of all schools and addresses must be provided on the attached sheet.)

Number of participating schools: _____

Entry Fee: Yes Amount: \$ _____ No Admission Fee Charged: _____

(List of benefits provided to participants must be attached. (Transportation, room/board, gifts, etc.))

The officials are registered to officiate high school events: Yes No

Awards

Participant Awards: _____ Cost per \$ _____)

Team Awards: _____ Cost per \$ _____)

Coach Awards: _____ Cost per \$ _____)

Execution of this form constitutes an agreement by the tournament sponsor/director to assume oversight responsibility for the event and must be present on site during the event, either in person or by a designee.

Signature of Tournament Director: _____ Date _____

Return completed application by mail or fax form to the Iowa Girls' High School Athletic Union.

Action by Iowa Girls' High School Athletic Union

Sanction Event: Yes No

Comments/Limitations: _____

Signature of IGHSAU Administrator: _____ Date _____

Please list all invited schools, including addresses, contact persons and telephone numbers.

Name of School

Address

Contact Person

Telephone Number