CALIFORNIA SHUFFLEBOARD ASSOCIATION, INC.

Request for Sanction of Official Tournament for Year_____

Instructions: Please fill out and send three (3) copies of this request to the CSA 1st Vice-President in charge of sanctioning tournaments ***by September 1*** of the current year. Upon approval, one (1) copy will be returned to the District President for file and one (1) copy will be returned to the District Tournament Director for file. Please be sure you answer all the questions and that your duplicates are legible.

1. Tournament Title _____
2. Name of Host Club _____
3. Address of Host Club Courts _____
4. District in which host club is located _____ Number of Courts _____
5. Name the days of the week, the dates and time on which it is proposed to hold the tournament.

   Days_____ Dates _____Times_____
6. Class(es) of contest(s) Championship: Yes ☐ No ☐ Consolation: Yes ☐ No ☐
7. Type (choose one):
   - ☐ District Tournament: District _____
   - ☐ Regional Tournament: what areas are being invited _____
   - ☐ State Tournament: all certified members of a certified state district club are eligible to play and each state club should receive an invitation flier for the tournament
   - ☐ National Tournament: all certified members of a certified state association are eligible to play and each state association should receive an invitation flier for the tournament
8. ☐ I have read and fully comprehend the Official California Shuffleboard Rules, the Association's Tournament Regulations and its Instructions on Planning and Conducting Sanctioned Tournaments.
9. Signature and Club's title of person making this request_____
10. Mailing Address and Phone Number_____
11. Date:_____ Endorsed by: District____ President's Signature_____

Sanctioned by CSA 1st Vice-President _____ subject to any change noted here and/or on the reverse side.

Copy to:

- ☐ District_____ President
- ☐ District_____ Tournament Director