



# 2009 Invitational Tournament Sanction Request

**SANCTION FEE: \$150.00**

A. Request the following Invitational Tournament be sanctioned by Colorado ASA (CASA).

1. Tournament Name: \_\_\_\_\_
2. Division and Class: \_\_\_\_\_
3. Dates: \_\_\_\_\_
4. Location: \_\_\_\_\_

B. This sanction agreement is entered into between the Tournament Director and Colorado ASA.

1. Comply with ASA Code, Article 522, C, 1-10. Reminder: All entry forms and publicity must include the statement, "Sanctioned the Amateur Softball Association" or "Sanctioned by the ASA" An electronic version of the entry form must be provided to CASA to be posted on our website.
2. Proof of current year team membership must be provided to tournament officials.
3. Teams must register with the CASA and receive proof of membership prior to the start of the tournament.
4. A list of teams participating in the tournament must be submitted the CASA office, seven (7) working days prior to the tournament start date for verification of team registration.
5. NO AWARDS will be given to a Junior Olympic player directly or indirectly EXCEEDING \$20.00. (This in compliance with the Colorado High School Activities Association.)
6. A written agreement between the Tournament Director and the Umpire Association providing officials for this tournament MUST be attached to the sanction request.
7. A list of umpires, (including mailing addresses) working at the tournament must be submitted to the CASA office, seven (7) working days prior to the tournament start date for verification of ASA registration.
9. Provide a tournament report, consisting of a complete tournament bracket and a list of all umpires who worked the tournament to the CASA state office, ten (10) working days after the tournament.

3. Colorado ASA Agrees to:

1. Provide confirmation of team eligibility.
2. Provide confirmation of umpire registration.
3. Provide the TOURNAMENT DIRECTOR ONLY with liability coverage of \$2,000,000. It is recommended that Accident and Liability Tournament Insurance be obtained.

\_\_\_\_\_  
Tournament Director's Signature (print name also)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Work Phone Home Phone

\_\_\_\_\_  
Date

Loree Swope  
State ASA Commissioner

PO Box 31127  
Address

Aurora CO 80041  
City State Zip

303-365-9600 303-365-9690  
Office Phone Office Fax

\_\_\_\_\_  
Date