

2010-2011 Application for Sanction of a USA Volleyball Team Practice

Sanction #: WE10P

(For Office Use Only)

APPLICANT INFORMATION

Sponsoring Organization: _____

Applicant Name: _____ E-mail: _____

Street: _____

City: _____ State: _____ Zip Code: _____

Home #: _____ Work #: _____ Other #: _____

SITE INFORMATION *(use another sheet if more sites are involved)*

Person Responsible for Practice 1:

Days 1: _____

Dates 1: _____

Site 1: _____

Street 1: _____

City 1: _____ State 1: _____

Zip 1: _____ Phone 1: _____

Contact 1: _____

Person Responsible for Practice 2:

Days 2: _____

Dates 2: _____

Site 2: _____

Street 2: _____

City 2: _____ State 2: _____

Zip 2: _____ Phone 2: _____

Contact 2: _____

Person Responsible for Practice 3:

Days 3: _____

Dates 3: _____

Site 3: _____

Street 3: _____

City 3: _____ State 3: _____

Zip 3: _____ Phone 3: _____

Contact 3: _____

Person Responsible for Practice 4:

Days 4: _____

Dates 4: _____

Site 4: _____

Street 4: _____

City 4: _____ State 4: _____

Zip 4: _____ Phone 4: _____

Contact 4: _____

SIGNATURE

Sanctioned practices, which are covered by insurance, may start before the Sanctioned Season. A sanction must be requested for each site used. A team wishing to have sanctioned practices must first register its members as a team, and then request a sanction for practices. Once this sanction is granted, all participants (players and coaches) must be current registered USA Volleyball members.

My organization agrees to abide by all USA Volleyball and WEVA rules and policies for practices.

Signed: _____ *(Club Representative)* **Date:** _____

Please complete the additional information on back of form!

Only WEVA members may apply for practice sanction. Applicant is to send one copy of this document (both sides) to the WEVA Sanction Coordinator. A copy of the document will be returned to the applicant with the action noted, and if approved, the sanction number for the practice. APPROVED SANCTION IS ESSENTIAL FOR INSURANCE COVERAGE!

Sanction Coordinator: Laura Schoenl, 5 Nicole Capri Way, W. Henrietta, NY, 14586, 585-321-0049

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DETAILS OF PRACTICE(S)

	Site 1	Site 2	Site 3	Site 4
# of Participants				
# of Courts Available				
# of Courts to be Used				

	Site 1	Site 2	Site 3	Site 4
Projected Weekly Income	\$	\$	\$	\$
Projected Weekly Expenses	\$	\$	\$	\$
Projected Weekly Profit/(Loss)	\$	\$	\$	\$

INSURANCE CERTIFICATES

General Certificate

A General Insurance Certificate stating the insurance coverage can be issued once the sanction request has been approved. This insurance coverage can include WEVA (as an entity) or an individual WEVA club.

	Site 1		Site 2		Site 3		Site 4	
	YES	NO	YES	NO	YES	NO	YES	NO
<i>Is a General Certificate Required?</i>								

Certificate of Additionally Insured

Sometimes a facility requires that they or their employees are named as an additionally insured party on the certificate. This information is necessary for the processing of the insurance certificate.

	Site 1		Site 2		Site 3		Site 4	
	YES	NO	YES	NO	YES	NO	YES	NO
<i>Is a Certificate for Additionally Insured Required?</i>								

If YES, what are the names of the Additionally Insured parties?

Site 1: _____

Site 2: _____

Site 3: _____

Site 4: _____

The insurance certificates will be mailed/forwarded to you from the WEVA Sanction Coordinator.

*Please allow enough time for the WEVA Sanction Coordinator to process your request with the insurance provider. You should allow a minimum of **three weeks** for processing, from the date an event is sanctioned, before the USA Volleyball insurance provider will issue a certificate.*

The above practices are / are not sanctioned based on the following conditions:

WEVA Sanction Coordinator: _____ **Date:** _____

WEVA Commissioner: _____ **Date:** _____