

Ivy Rugby Conference

TOURNAMENT APPLICATION FORM

THIS FORM MUST BE COMPLETED & SUBMITTED, ALONG WITH A CHECK FOR \$25.00 PAYABLE TO "IVY RUGBY," TO THE IVY RUGBY TOURNAMENT CHAIRMAN NO LATER THAN OCTOBER 31ST OF THE PREVIOUS YEAR IN WHICH THE TOURNAMENT WILL BE HELD. APPLICATIONS SUBMITTED AFTER 10/31 MAY BE REJECTED.

Mail completed form, check & map to: IVY RUGBY, P.O. Box 393, Exton, PA 19341-9998

Today's Date _____ Hosting Club _____

Official Name of Tourn. _____

One or Two Day Tourn? _____ Date(s) Scheduled _____

Kickoff Time(1st day) _____ Kickoff Time(2nd day) _____

Alternate Date(s) _____

Is this an annual event? _____ No. of Years Held _____

Purpose of Tournament _____

No. of Teams to be Invited _____ No. of Fields _____

Location of Field(s) _____

(attach map to form)

Street Address, City _____

Exact Size (width & length) of Field(s) _____

Field Owner(s) _____

Restrictions on Use (insurance, weather, other) _____

No. of Referees Requested _____ (the IVY RUGBY Tournament Chairman will contact the Referees Society regarding your request)

Amount of Entry Fee _____ When Due _____

What will the entry fee cover? _____

Tournament Format _____

All players must have CIPP cards. Who will be responsible for checking cards & accepting new enrollments on site? _____

Will you need CIPP forms? _____ (contact the IVY RUGBY Secy. if yes)

Will there be water provided? _____ Will there be showers and changing facilities? _____ Where? _____

What will be available for the public (i.e sanitary facilities, bleachers, concession stand)? _____

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What arrangements have been made for on-site medical treatment? _____

Will a healthcare professional or ambulance be on-site? _____

Healthcare Prof. Name _____ Specialty _____

Address & Tel. No. _____

Ambulance Company _____

What arrangements have been made for transportation to a medical facility?

What arrangements have been made for clean-up of the tournament site?

What awards/trophies, etc. will be given to the winners?

Are any of these provided by a sponsor? _____ If so, please list

List your sponsors (if any) _____

What does their sponsorship cover? (be specific) _____

How was this sponsorship arranged, by whom, & when? _____

Who receives the proceeds from the tournament? _____

Will there be a tournament party? _____ Where? _____

Will food be served or available? _____ What? _____

What beverages will be served? _____

***Note* No alcoholic beverages permitted at college-sponsored tournaments**

What arrangements have been made for anyone unable to drive home?

Tournament Director's Name _____

Address _____ Zip _____

Phone (H) _____ (W) _____

Email Address _____

Summer Address (for college students) _____

_____ Zip _____

Summer Phone _____

Email Address _____

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I hereby certify that I have read and understand the "*Tournament Guidelines*" & "*Tournament Responsibilities*" (attached) or as outlined in the current IVY RUGBY Handbook, and will abide by such. I have also obtained the necessary insurance as required. I understand that final sanctioning of the tournament by the IVY RUGBY will be contingent upon approval of this application AND that the IVY RUGBY may require a tournament host to change the date of the tournament if there is a conflict with other events being held.

_____ Signature & Date Signed

_____ Printed Name

_____ Office Held in Club

ATTACH \$50.00 CHECK(PAYABLE TO IVY RUGBY) AND MAP TO FIELD TO BACK OF FORM

FOR IVY RUGBY USE ONLY:

_____ Tournament Approved by IVY RUGBY

_____ Date signed

Tournament Chairman - cc: IVY RUGBY Secretary, Medical Chairman & Referee Society