

**Administration Office**

300-1734 Elphinstone Street,  
Regina, Saskatchewan, S4T 1K1  
Phone (306) 780-9225  
Fax (306) 780-9480



**Technical Office**

Sasktel Sports Centre, 150 Nelson Road  
Saskatoon, Saskatchewan, S7S 1P5  
Phone (306) 975-0862  
Fax (306) 975-0863

[www.sasksoccer.com](http://www.sasksoccer.com)

## TOURNAMENT SANCTIONING FORM

Tournament Organizer: \_\_\_\_\_

Event: \_\_\_\_\_ Event Date(s): \_\_\_\_\_

Location(s): \_\_\_\_\_

Primary Contact (please be advised that all tournament-related communications will be sent to the primary contact):

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

Category of play (please check all genders, ages and divisions that apply):

Gender:       Male       Female       Coed

Age:	Division(s):					
<input type="checkbox"/> Under 7	<input type="checkbox"/> Premier	<input type="checkbox"/> Division 2	<input type="checkbox"/> Division 3	<input type="checkbox"/> Division 4	<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Under 9	<input type="checkbox"/> Premier	<input type="checkbox"/> Division 2	<input type="checkbox"/> Division 3	<input type="checkbox"/> Division 4	<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Under 11	<input type="checkbox"/> Premier	<input type="checkbox"/> Division 2	<input type="checkbox"/> Division 3	<input type="checkbox"/> Division 4	<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Under 13	<input type="checkbox"/> Premier	<input type="checkbox"/> Division 2	<input type="checkbox"/> Division 3	<input type="checkbox"/> Division 4	<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Under 15	<input type="checkbox"/> Premier	<input type="checkbox"/> Division 2	<input type="checkbox"/> Division 3	<input type="checkbox"/> Division 4	<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Under 17	<input type="checkbox"/> Premier	<input type="checkbox"/> Division 2	<input type="checkbox"/> Division 3	<input type="checkbox"/> Division 4	<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Under 19	<input type="checkbox"/> Premier	<input type="checkbox"/> Division 2	<input type="checkbox"/> Division 3	<input type="checkbox"/> Division 4	<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Senior	<input type="checkbox"/> Premier	<input type="checkbox"/> Division 2	<input type="checkbox"/> Division 3	<input type="checkbox"/> Division 4	<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Masters/Classics	<input type="checkbox"/> Premier	<input type="checkbox"/> Division 2	<input type="checkbox"/> Division 3	<input type="checkbox"/> Division 4	<input type="checkbox"/> Other: _____	

Tournament Organizing Committee (must be composed of at least three members):

1. \_\_\_\_\_ 3. \_\_\_\_\_

2. \_\_\_\_\_ 4. \_\_\_\_\_

Tournament Discipline Committee (must be composed of at least three members):

1. \_\_\_\_\_ 3. \_\_\_\_\_

2. \_\_\_\_\_ 4. \_\_\_\_\_

# PROJECTED TOURNAMENT BUDGET

## Projected Revenue:

Entry Fees \_\_\_\_\_ \$ \_\_\_\_\_

Other Revenue (please specify): \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Total Projected Revenue = \_\_\_\_\_ \$ \_\_\_\_\_

## Projected Expenses:

Facility Rentals \_\_\_\_\_ \$ \_\_\_\_\_

Officials Fees and Expenses \_\_\_\_\_ \$ \_\_\_\_\_

Other Expenses (please specify): \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Total Projected Expenses = \_\_\_\_\_ \$ \_\_\_\_\_

Revenue – Expense = \_\_\_\_\_ \$ \_\_\_\_\_

As an applicant to host a sanctioned tournament under the jurisdiction of the Saskatchewan Soccer Association (SSA), on behalf of the Tournament Organizer, I hereby confirm that I am aware of the financial and service commitment in undertaking the hosting of this event and have read and understood the Tournament Sanctioning Policy and agree to abide by the policies and standards set forth by the SSA.

Authorized Representative of Tournament Organizer:

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

---

As a Member Organization of the SSA, we hereby grant permission to the Tournament Organizer to host the above stated event.

Authorized Representative of SSA Member Organization:

Name of SSA Member Organization: \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

---

SSA Office Use Only:

Date Received: \_\_\_\_\_ Received by (signature): \_\_\_\_\_

Date of Approval: \_\_\_\_\_ Approved by (signature): \_\_\_\_\_

---

All Tournament Sanctioning Forms must have approval from an SSA Member Organization and include the Tournament Sanctioning Fee (\$100.00 if submitted 30 days or more before the start of the tournament; \$250.00 if submitted less than 30 days before the start of the tournament). Incomplete forms will not be accepted. Completed forms must be submitted to the SSA by mail, fax or email at the following address:

Octavian Iliuta  
Coordinator, Competitions Development  
Saskatchewan Soccer Association – Saskatoon Office  
150 Nelson Road  
Saskatoon, SK  
S7S 1P5

Fax: 306-975-0863  
Email: [ccd@sasksoccer.com](mailto:ccd@sasksoccer.com)

**Important Deadlines for Tournament Organizers:**

10 days before the start of the tournament =  
Prior to the start of the tournament =  
20 business days after the conclusion of the tournament =

Submission of Tournament Schedule  
Submission of Travel Permits for out-of-province teams  
Submission of Follow up Report and Financial Statement