



HEAD OFFICE
300-1734
Elphinstone Street
Regina, SK S4T 1K1

TECHNICAL OFFICE
150 Nelson Road
Saskatoon, SK S7S 1P5
T: 306.975.0870

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):

Under 7 Premier Division 2 Division 3 Division 4 Other: _____

Under 9 Premier Division 2 Division 3 Division 4 Other: _____

Under 11 Premier Division 2 Division 3 Division 4 Other: _____

Under 13 Premier Division 2 Division 3 Division 4 Other: _____

Under 15 Premier Division 2 Division 3 Division 4 Other: _____

Under 17 Premier Division 2 Division 3 Division 4 Other: _____

Under 19 Premier Division 2 Division 3 Division 4 Other: _____

Senior Premier Division 2 Division 3 Division 4 Other: _____

Masters/Classics Premier Division 2 Division 3 Division 4 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. _____



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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 = \$ _____



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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:

Kellin Enslev
Coordinator of Competitions
Saskatchewan Soccer Association – Regina Office
300-1734 Elphinstone Street
Regina, SK
S4T 1K1

Fax: 306-519-1618
Email: k.enslev@sasksoccer.com

Important Deadlines for Tournament Organizers:

Minimum Timeframe	Documents Required
10 days prior to start of tournament	Tournament Schedule
Prior to start of tournament	Travel Permits for Out-of-Province Teams
20 business days (four weeks) after the conclusion of the tournament	Follow-up Report and Financial Statement