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## 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: \_\_\_\_\_

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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: _____

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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 = \$ \_\_\_\_\_

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

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

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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:

Neysa Strueby  
Coordinator, Admin & Registrar  
Saskatchewan Soccer Association – Regina Office  
300-1734 Elphinstone Street  
Regina, SK  
S4T 1K1

Fax: 306-780-9225  
Email: [n.strueby@sasksoccer.com](mailto:n.strueby@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