

2010 USTA/ITA SMALL COLLEGE REGIONAL HOST SITE APPLICATION FORM

This completed form (both sides) must be sent to the ITA office along with the signed "Letter of Agreement" by November 30, 2009.

Please Print Clearly & Complete Both Sides

Name of Tournament Director: _____ Division: _____ M/W: _____

School: _____ Phone: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

I would like to host the Small College Regional Championship, presently hosted at: (also include ITA Region name)

I would like to host a Small College Regional Championship Tournament for (Men, Women or M&W): _____

I would like to schedule this tournament from (dates): _____ to _____ 2010.

ABOUT YOUR ITA TOURNAMENT TENNIS FACILITIES

I plan to host the tournament (check one): Indoors _____ Outdoors _____

of Indoor Courts _____ # of Outdoor Courts _____

Court Configuration _____

Location of Courts (check one): On Campus _____ Off Campus _____

If Off Campus, please specify location & distance from campus:

of Practice Courts _____ Location of Practice Courts _____

of Back-Up Courts _____ Location of Back-Up Courts _____

Court Rental Fees (\$/hr and estimated total cost): _____

Hours Courts are Available During Tournament: _____

If you would like to provide additional information, please include with your other materials and fax back.

*Please Copy Page 1&2 & Fax Both to the ITA at 609-497-9586
no later than November 30, 2009.*

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GENERAL INFORMATION

Anticipated Draw Size: _____

Racquet Stringing Service & Proximity to Courts: _____

Emergency Medical Facilities On/Off Site: _____

Emergency Medical Procedures: _____

Availability of USTA Officials: _____

Spectators Seating: _____

Tournament Hotel/Rate: _____ \$ _____

Area Restaurants (within 5 mile radius of courts): _____

Sports Photographer: _____

Administrative Support (Secretarial/Clerical/Volunteer/Tournament Desk): _____

SPORTS INFORMATION/MEDIA SUPPORT
(Name of College Paper & Sports Editor; Local Papers & Sports Contacts: Clipping Service, etc..)

College Paper: _____ Sports Editor: _____

Local Papers: _____

Sports Contacts: _____

Clipping Service: _____

TOURNAMENT DIRECTOR EXPERIENCE
Please list tournaments directed, number of players, experience with sponsored events (etc..)

1. _____
2. _____
3. _____
4. _____

ADDITIONAL INFORMATION

PLEASE FAX BACK BOTH SIDES OF THIS APPLICATION TO 609-497-9586 by November 30, 2009

2010 USTA/ITA SMALL COLLEGE REGIONAL CHAMPIONSHIPS

Letter of Agreement

I, _____ (your name), agree to serve as the Men's/Women's (please circle one) Division II, III NAIA, JUCO (please specify division) ITA Regional Tournament Director for the event to be hosted at _____ (site name). I understand the host site responsibilities detailed below and agree to fulfill all of these obligations:

- 1. To administer the tournament according to the guidelines set forth by the ITA. (The ITA will provide a Tournament Director packet to the host upon acceptance as host site.)
2. To provide adequate number of tournament courts and practice courts for the participants, to arrange for proper maintenance of courts prior to and during the event, and to make arrangements for suitable back-up courts should conditions warrant.
3. To provide the ITA with a copy of the host site's 'certificate of (liability) insurance' naming the ITA and USTA as additionally insured. If the host site is unable to provide this, the ITA may be able to help but the host site remains responsible for the cost of this coverage. If the ITA office does not receive a certificate of insurance two weeks prior to the start of your regional championship, the ITA will take out insurance for the event and the host site will be responsible for this expense.
4. To provide the ITA with \$350, towards the airfare expenses of the champions, (payable not later than one week after the conclusion of the final round), plus refund tournament profits (per the budget report) to the ITA within two weeks of the conclusion of the final round. The host site is responsible for all expenses that exceed the entry fee income.
5. To write a check payable to the ITA with a minimum of \$100.00 (per invoice) for the cost of trophies.
6. To write a check payable to the ITA with a minimum of \$100.00 (per invoice) for the cost of National Championship Entry Fees.
7. To provide the ITA office with all reports, draw sheets, photos, and news clippings by requested due dates.
8. To insure that the tournament is officiated by at least two certified USTA officials, according to ITA Rules.
9. To conduct the tournament selection, draw, and seeding according to official ITA tournament procedures.
10. To schedule a pre-tournament coaches meeting.
11. To provide emergency medical care at the courts by a certified medical trainer, with access to a physician for consultation on serious medical incidents.
12. To offer tournament hospitality (i.e. light refreshments, beverages, etc.) to participating players and coaches.
13. To make available racquet stringing services during the tournament.
14. To implement the online entry registration system as defined by the ITA.
15. Tournament Dates: _____

Tournament Site: (Please provide address if other than school)

AGREED TO AND ACCEPTED BY

Tournament Director (Signature)

Athletic Director/Institution Rep. (Signature)

Please Print Name & Title

Please Print Name & Title

Host Institution/Site

Host Institution

Date

Date

PLEASE FAX THIS SIGNED FORM TO 609-497-9586 BY NOVEMBER 30, 2009.