2018 ITA DIVISION I REGIONAL CHAMPIONSHIPS
HOST SITE APPLICATION FORM

This completed form (both sides) must be sent to the ITA office along with the signed "Letter of Agreement", and completed projected budget no later than December 7, 2017.

Please Print Clearly & Complete Both Sides

Name of Tournament Director: ____________________________ Division: ________ M/W: ________ Region: ________________

School: ___________________________________________ Phone: __________________ Email: _________________________

Address: ___________________________________________ City: ______________ State: _______ Zip: _________

I would like to schedule this tournament on the following weekend (check all days that apply):

<table>
<thead>
<tr>
<th>Week 1</th>
<th>Week 2 *</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Thursday, October 11</td>
<td>□ Wednesday, October 17</td>
</tr>
<tr>
<td>□ Friday, October 12</td>
<td>□ Thursday, October 18</td>
</tr>
<tr>
<td>□ Saturday, October 13</td>
<td>□ Friday, October 19</td>
</tr>
<tr>
<td>□ Sunday, October 14</td>
<td>□ Saturday, October 20</td>
</tr>
<tr>
<td>□ Monday, October 15</td>
<td>□ Sunday, October 21</td>
</tr>
<tr>
<td>□ Tuesday, October 16</td>
<td>□ Monday, October 22</td>
</tr>
</tbody>
</table>

* All regional championships taking place during week 2 must complete play by Monday, October 22nd, no exceptions.

ABOUT YOUR ITA TOURNAMENT TENNIS FACILITIES

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

# 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: ________________________________

Please Copy & Fax ALL pages to the ITA at 602-687-6409 or Scan/Email to ceriksson@itatennis.com
2018 DIVISION I REGIONAL HOST SITE APPLICATION FORM

GENERAL INFORMATION

Anticipated Draw Size: _______________
Racquet Stringing Service & Proximity to Courts: __________________________________________________________________________
Emergency Medical Facilities On/Off Site: ____________________________________________________________________________________
Emergency Medical Procedures: ___________________________________________________________________________________________
Availability of ITA Officials: ______________________________________________________________________________________________
Spectators Seating: ______________________________________________________________________________________________________
Tournament Hotel/Rate: ________________________________________________________________________________________________ $ __________
Area Restaurants (within 5 mile radius of courts): __________________________________________________________________________

SPORTS INFORMATION/MEDIA SUPPORT

Sports Information Staff: _________________________________________________________________________________________________
Official Athletics Website: _______________________________________________________________________________________________
Local Newspapers: ______________________________________________________________________________________________________

TOURNAMENT DIRECTOR EXPERIENCE

Please list tournaments directed, number of players, experience with sponsored events

1. _______________________________________________________________________________
2. _______________________________________________________________________________
3. _______________________________________________________________________________
4. _______________________________________________________________________________

ADDITIONAL INFORMATION

_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________

If you would like to provide additional information, please include with your other materials and fax back. Please Copy & Fax ALL pages to the ITA at 602-687-6409 or Scan/Email to ceriksson@itatennis.com
I, ______________________ (your name), agree to serve as the Division I Men's/Women's (please circle one) 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. Administer the tournament according to the guidelines set forth by the ITA and to meet all deadlines. (The ITA will provide a Tournament Director handbook to the host upon acceptance as host site.)

2. 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. Help conduct the tournament selection, draw, and seeding according to official ITA tournament procedures. (This is the primary responsibility of the Regional Chair and Committee). I understand that the cost of administering the conference call to determine this information is a tournament expense.

4. Help schedule a pre-tournament coaches meeting, in consultation with the Regional Chair.

5. Provide the ITA with a check of $1,000 for the host site fee, as well as a check for Admin Fees ($10 per singles player + $10 per doubles team) payable not later than one week after the conclusion of the final round. The ITA will pay directly for the trophies and event t-shirts for main draw players, as well as provide 6 cases of Wilson tennis balls.

6. Provide the ITA with a copy of the host site’s “certificate of (liability) insurance” naming the ITA 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.

7. Provide the ITA office with all reports, draw sheets, photos, and other media coverage by ITA deadlines.

8. Ensure that the tournament is officiated by at least two certified ITA officials, according to ITA Rules. There must be 1 official for every 3 courts for qualifying and main draw. Consolation is strongly recommended to follow this guideline.

9. Provide emergency medical care at the courts by a certified medical trainer, with access to a physician for consultation on serious medical incidents.

10. Offer tournament hospitality (i.e., light refreshments, beverages, etc.) to participating players and coaches.

11. Make available racquet stringing services during the tournament.

12. Any and all broadcast arrangements (including, but not limited to, television, radio transmission, telecasting, videotaping, and video reproduction and broadband web TV transmission streaming, etc.) for the EVENT will remain the exclusive right of the ITA. The ITA reserves the right of written approval of any and all broadcast arrangements made. The ITA will have the sole exclusive rights (including to assign these rights at its sole discretion) with regards to control over and benefits from all forms of broadcasting, including television, radio transmission, telecasting, videotaping, and video reproduction and broadband web TV transmission of this EVENT.

Should the ITA wish to arrange for any broadcast, as defined above, the host site will permit such broadcast as well as work with the ITA provider of said broadcast to facilitate said broadcast. Should the host site choose, at its own expense, to broadcast any part of the EVENT or the EVENT in its entirety, the host site will notify the ITA of this broadcast in order to secure the permission of the ITA for said broadcast. Having secured the permission of the ITA, the host site will pay a broadcast rights fee to the ITA, prior to said broadcast, at a rate to be determined by the ITA.

Tournament Dates: ____________________________________ Tournament Site: _____________________

AGREED TO AND ACCEPTED BY

Tournament Director (Signature) Institution Rep.(AD) or Executive Management (Signature)

Please Print Name & Title Please Print Name & Title

Host Institution/Site Host Institution/Site

Date Date
**2018 USTA/ITA Division I Regional Championships**
**PROJECTED BUDGET REPORT FORM**

**Gender:**  
**Region:**  
**Tournament Dates:**  
**Tournament Director:**

### INCOME (ANTICIPATED MAIN DRAW SIZE):

<table>
<thead>
<tr>
<th>Description</th>
<th>Formula</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Singles Players (Max $70)</td>
<td>( \text{Number} \times $ )</td>
<td>$\text{Total} $</td>
</tr>
<tr>
<td>Number of Doubles Teams (Max $70)</td>
<td>( \text{Number} \times $ )</td>
<td>$\text{Total} $</td>
</tr>
</tbody>
</table>

### INCOME (ANTICIPATED “B” DRAW SIZE):

<table>
<thead>
<tr>
<th>Description</th>
<th>Formula</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Singles Players (Max $70)</td>
<td>( \text{Number} \times $ )</td>
<td>$\text{Total} $</td>
</tr>
<tr>
<td>Number of Doubles Teams (Max $70)</td>
<td>( \text{Number} \times $ )</td>
<td>$\text{Total} $</td>
</tr>
</tbody>
</table>

**ANTICIPATED TOTAL INCOME:** $\text{Total} $

### EXPENSES:

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Host Site Fee</td>
<td>$1,000</td>
</tr>
<tr>
<td>ITA Administrative Fee: Number of entries (singles &amp; doubles): ______ X $10</td>
<td>$\text{Total} $</td>
</tr>
<tr>
<td>Tournament Officials</td>
<td>$\text{Total} $</td>
</tr>
<tr>
<td>Administrative (Expenses over $50 must be accompanied by a receipt)</td>
<td>$\text{Total} $</td>
</tr>
<tr>
<td>Mailings</td>
<td>$\text{Total} $</td>
</tr>
<tr>
<td>Trainers</td>
<td>$\text{Total} $</td>
</tr>
<tr>
<td>Tennis Balls (not including 6 cases the ITA will provide)</td>
<td>$\text{Total} $</td>
</tr>
<tr>
<td>Outdoor Court Fees (if applicable)</td>
<td>$\text{Total} $</td>
</tr>
<tr>
<td>Indoor Court Fees (if needed due to inclement weather)</td>
<td>$\text{Total} $</td>
</tr>
<tr>
<td>Court Side Amenities (Snacks &amp; Beverages for players)</td>
<td>$\text{Total} $</td>
</tr>
<tr>
<td>Other: (Please explain) __________________________</td>
<td>$\text{Total} $</td>
</tr>
<tr>
<td>Other: (Please explain) __________________________</td>
<td>$\text{Total} $</td>
</tr>
</tbody>
</table>

**ANTICIPATED TOTAL EXPENSES:** $\text{Total} $

*Anticipated Profit (Loss): Total Income - Total Expenses = Profit* (Loss) $\text{Total} $
Event Insurance: It is the responsibility of each Tournament Director to make certain that this event has the proper liability coverage as agreed upon in the signed “Letter of Agreement” (submitted with the Host Application), by naming the ITA and any title or presenting sponsors as an additionally insured. Wherever possible, the insurance should be included on the host site university (facility) insurance policy. If such insurance coverage is not available through the host university/facility, it is the responsibility of the tournament director to obtain the necessary “rider”.

As the tournament director, will you be able to provide this event insurance so that no additional expense is charged to the Regional Championship Budget?

_____ Yes

_____ No

Tournament Director Signature: __________________________________ Date: ____________

Name: __________________________ School: _________________________________