2018 ITA SMALL COLLEGE 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 host the Small College Regional Championship, presently hosted at: ______________________________

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

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>
<th>Week 3 *</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Thursday, September 13</td>
<td>□ Thursday, September 20</td>
<td>□ Wednesday, September 26</td>
</tr>
<tr>
<td>□ Friday, September 14</td>
<td>□ Friday, September 21</td>
<td>□ Thursday, September 27</td>
</tr>
<tr>
<td>□ Saturday, September 15</td>
<td>□ Saturday, September 22</td>
<td>□ Friday, September 28</td>
</tr>
<tr>
<td>□ Sunday, September 16</td>
<td>□ Sunday, September 23</td>
<td>□ Saturday, September 29</td>
</tr>
<tr>
<td>□ Monday, September 17</td>
<td>□ Monday, September 24</td>
<td>□ Sunday, September 30</td>
</tr>
</tbody>
</table>

* All regional championships competing during week 3 must complete play by Sunday, September 30th, 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 wbeaullieu@itatennis.com
2018 SMALL COLLEGE REGIONAL HOST SITE APPLICATION FORM

GENERAL INFORMATION

Anticipated Draw Size: Singles _______________  Doubles: _______________

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 recent tournaments directed, number of players, experience with sponsored events

1. _________________________________________________________________________________________

2. _________________________________________________________________________________________

3. _________________________________________________________________________________________

4. _________________________________________________________________________________________

ADDITIONAL INFORMATION

______________________________________________________________________________________________

______________________________________________________________________________________________

______________________________________________________________________________________________

______________________________________________________________________________________________

If you would like to provide additional information, please attach to the back of this packet.

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2018 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. Administer the tournament according to the guidelines set forth by the ITA. (The ITA will provide a Tournament Director handbook to the host upon acceptance as host site.)

2. Ensure that the official title of the event (“ITA [name of your region] Championships”) is used on all promotional materials and event correspondences. The “ITA” must always be included.

3. Write a check payable to the ITA for a minimum of $550 ($1,100 if hosting men & women), towards the Regional Host Site Fee (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 3 cases of Wilson tennis balls per gender.

4. 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.

5. 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.

6. Utilize the online entry and tournament management system provided by the ITA (if applicable).

7. To submit to the ITA office all reports, draw sheets, and photos by ITA deadlines.

8. Submit to the ITA office the post-event budget report form no later than two (2) weeks after the completion of the event and remit any and all remaining funds via check, after all tournament expenses have been covered. One check will cover profits made by the tournament, if any. The second check will cover Admin Fees ($5 per singles player). In the event that Regional Championship shows a loss, the Host Site is responsible to cover all costs.

9. Ensure that the tournament is officiated by at least two certified ITA officials, according to ITA Rules.

10. Conduct the tournament selection, draw, and seeding according to official ITA tournament procedures.

11. Schedule a pre-tournament coaches meeting.

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

13. Offer tournament hospitality (i.e. light refreshments, beverages, etc.) to participating players and coaches and make available racquet stringing services during the tournament.

14. 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)  Athletic Director (Signature)

Please Print Name & Title  Please Print Name & Title

Host Institution/Site  Host Institution

Date  Date
2018 ITA Small College Regional Championships

PROJECTED BUDGET REPORT FORM

Division:
Gender:
Region and Tournament Dates:
Tournament Director:
Phone No:
Email:

INCOME (ANTICIPATED MAIN DRAW SIZE):

Number of Singles Players: ____________ x $40.00 = $__________
Number of Doubles Teams: ____________ x $45.00 = $__________

INCOME (ANTICIPATED “B” DRAW SIZE):

Number of Singles Players: ____________ x $______ = $__________
Number of Doubles Teams: ____________ x $______ = $__________

INCOME (ANTICIPATED “C” DRAW SIZE):

Number of Singles Players: ____________ x $______ = $__________
Number of Doubles Teams: ____________ x $______ = $__________

ANTICIPATED TOTAL INCOME: $__________

EXPENSES:

Host Site Fee: (paid to ITA within 7 days of tournament completion) $550.00 ($1,100 for dual gender events)

ITA Administrative Fee: Number of entries (singles only): _______ X $5 $__________

Tournament Officials: $__________

Administrative (Expenses over $50 must be accompanied by a receipt): $__________

Mailings: $__________

Trainers: $__________
Tennis Balls (not including 3 cases the ITA will provide): $_______

Outdoor Court Fees (if applicable): $_______

Indoor Court Fees (if needed due to inclement weather): $_______

Court Side Amenities (Snacks & Beverages for players): $_______

Online Registration Fee (if applicable) $_______

TD Honorarium: (Maximum of $150.00) $_______

Other: (Please explain) ____________________________ $_______

Other: (Please explain) ____________________________ $_______

ANTICIPATED TOTAL EXPENSES: $_______

TOTAL ANTICIPATED INCOME (FROM PREVIOUS PAGE): $_______

TOTAL ANTICIPATED EXPENSES: $_______

*Anticipated Profit (Loss): (Total Income - Total Expenses = Profit* (Loss) $_______

Check the appropriate answer for the following concern:

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 presenting or title 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: ____________________________

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