

# 2009 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" no later than November 1, 2009.

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Please Print Clearly & Complete Both Sides

Name of Tournament Director: \_\_\_\_\_ Division: \_\_\_\_\_ M/W: \_\_\_\_\_

School: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

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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 \_\_\_\_\_ 2008.

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## 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:

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# 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*

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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**

\_\_\_\_\_  
\_\_\_\_\_

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**PLEASE FAX BACK BOTH SIDES OF THIS APPLICATION TO 609-497-9586**

## 2009 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 Wilson Sporting Goods as additionally insureds. 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.
4. To provide the ITA with a minimum of \$350 (exact amount will be determined at a later date), 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.
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, waivers, player information sheets, 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.

**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 1, 2008**