

2009 ITA REGIONAL HOST SITE APPLICATION FORM DIVISION I

This completed form (both sides) must be sent to the Chair of your Divisional Committee, as well as to the ITA office, along with the signed "Letter of Agreement" no later than May 8, 2009.

Please Print Clearly, Complete and Return all three pages

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

School: _____ Phone: _____

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

I would like to host the ITA REGIONAL CHAMPIONSHIP, presently hosted at: (also include ITA Region name)

I would like to host an ITA Regional Tournament for (Men, Women or M&W): _____

I would like to schedule this tournament from (dates): _____ to _____ 2009.

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 Complete Pages 1-3 & Fax to Both the ITA at 609-497-9586, and your Regional Chair
by May 8, 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 THIS APPLICATION TO 609-497-9586 and also to your regional chair
By May 8, 2009.*

PLEASE FAX THIS SIGNED FORM TO 609-497-9586 BY MAY 8, 2009

**2009 ITA REGIONAL CHAMPIONSHIPS
DIVISION I**

Letter of Agreement

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. 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 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. To help schedule a pre-tournament coaches meeting, in consultation with the Regional Chair.
5. To provide the ITA with a minimum of \$1,000 for the 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.
6. 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 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.
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 provide emergency medical care at the courts by a certified medical trainer, with access to a physician for consultation on serious medical incidents.
10. To offer tournament hospitality (i.e., light refreshments, beverages, etc.) to participating players and coaches.
11. To make available racquet stringing services during the tournament.
12. 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)

Please Print Name & Title

Host Institution/Site

Date

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

Please Print Name & Title

Host Institution/Site

Date