INTERCOLLEGIATE TENNIS ASSOCIATION

# invoice

## 2011-2012 ITA SANCTIONED TOURNAMENT INVOICE

**Log onto our website, www.ITATennis.com to register your ITA Sanctioned Tournament. To facilitate schools that need invoice information prior to making payment by credit card, e-check, purchase order with check pament, the information below will assist in the required paperwork. The ITA academic/fiscal year runs July 1st - June 30th. Please see the "Registration FAQ" posted on our website for additional information related to our online registration system.**

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| **INVOICE #:** 2011-12D1-Sanc | **INVOICE DATE:** 2011-2012 Season |
| **AMOUNT DUE:**<br>1. **Individual Events** (*Singles/Doubles*)<br>A. 32-players or less $125.00 OR<br>B. 33-players or more $225.00<br>2. **Team Events** $225.00 | **DATE DUE:**<br>Applications & Sanction Fee(s)* must be received by the ITA by **immediately.** *Sanction fee must be paid to ITA at least **THREE** weeks prior to tournament start date to guarantee receipt of materials. |
| ***REMIT*** **payment through the ITA website, www.ITATennis.com with CREDIT CARD, E-CHECK (include bank account number and routing information) or Purchase Order number (payment due – 30 days).** | **NOTES:** ITA Federal ID# 74-2021178<br>**CHECK PAYMENTS – make payable to *Intercollegiate Tennis Association* (ITA), mail to: ITA, Attn: Sanctioned Tournament, 174 Tamarack Circle, Skillman, NJ 08558-2021** |

### *SANCTION TOURNAMENT INFORMATION*
***required to complete the Online Registration***

Please complete out **ALL** empty blanks (**DATES MUST BE PROVIDED**) with appropriate information for your tournament. If you are hosting more than one tournament, please complete a separate application for each event.

NAME OF TOURNAMENT: _____

MEN WOMEN MEN/WOMEN (Please circle one)

DATES OF EVENT: From _____ To _____

DRAW SIZE (Circle one): 32 or less 33 or more Team Event

TOURNAMENT DIRECTOR: _____

SITE: _____

HOST/SCHOOL: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP+4: _____

PHONE: (Office) _____ (Cell #) _____

FAX: (Office) _____ EMAIL: _____

Please send: electronic draw_____ large draw sheets (indicate # of 32 size) _____ draw pad _____

**ADDITIONAL COMMENTS OR FLIGHTED INFORMATION:** _____

_____

**INTERCOLLEGIATE TENNIS ASSOCIATION**
**174 Tamarack Circle, Skillman, NJ 08558-2021 * PH: 609-497-6920 * FAX: 609-497-9586**
**E-mail: ita@itatennis.com * Website: www.itatennis.com**