

APPLICATION TO TNAAU FOR SANCTION OF
LEAGUE TOURNAMENT

NAME OF EVENT: 20/21 TNAAU _____ **

DATE: ____/____/____ ** TO ____/____/____

START TIME: _____ MORN _____ MID DAY _____ AFTERNOON EST CST

GYM / LOCATION USED: _____ **

ADDRESS: (street-town-zip) _____ **

HOST INFORMATION:

HOST OF EVENT (CLUB) _____ **

TOURNAMENT DIRECTOR: _____ **

E-MAIL: _____ ** CELL # _____ - _____ - _____ **

Address of Club to send the check _____

Contact Running Tournament _____ EMAIL:

CELL _____ - _____ - _____

TYPE OF TOURNAMENT: PLEASE CHECK

____ BEGINNER ONLY -RR- NO WT CLASSES RANK ABILITY & BY WT REGISTERED MEDALS TO 4TH

____ BEGINNER ONLY BRACKET WITH WEIGH INS -MEDALS TO _____

____ DEVELOPMENTAL (1ST 2ND YEAR RANK NO HIGHER THAN A 3) RR NO WT classes

____ DEVELOPMENTAL BRACKET WEIGH INS MEDAL TO _____

____ OPEN - RR - NO WT CLASSES RANK ABILITY & BY WT REGISTERED -MEDALS TO

____ OPEN BRACKET WITH WEIGH INS MEDALS TO _____

____ TOP 100 SAT. WEIGH INS

____ REGION WEIGH INS

____ DIVISIONS TOT ____ BANTAM ____ MIDGET ____ NOVICE ____ SCH BOY ____

TYPE OF MEDICAL HELP TO BE USED -- Ath. Trainer -- Fire Dept --- EMT's ---DR .-- Nurse
(circle one)

TOURNAMENT APPROVAL: OPERATION DIRECTOR----REGION DIRECTOR _____INT
(CIRCLE ONE)

SEND Application form and POST TOURNAMENT FORM (listed on website) to Andy Fowler @ aftech@icloud.com and
John Salter @ salterjd@me.com

