

EASTERN PENNSYLVANIA RUGBY UNION

TOURNAMENT APPLICATION FORM (Rev. 9/06) (this form not to be used for EPRU Championships or Playoffs)

THIS FORM MUST BE COMPLETED & SUBMITTED TO THE EPRU, ALONG WITH A CHECK FOR \$50.00 PAYABLE TO "EPRU," NO LATER THAN OCTOBER 31ST OF THE PREVIOUS YEAR IN WHICH THE TOURNAMENT WILL BE HELD. APPLICATIONS SUBMITTED AFTER OCTOBER 31 MAY BE REJECTED.

Mail completed form, check & map to: EPRU, P.O. Box 393, Exton, PA 19341-9998

Today's Date _____ Hosting Club(s) _____

Official Name of Tourn. _____

One or Two Day Tourn? _____ Date(s) Scheduled _____ Alternate Date(s) _____

Kickoff Time(1st day) _____ Kickoff Time(2nd day) _____

Is this an annual event? _____ No. of Years Held _____

Purpose of Tournament _____

Total Number of Teams to be Invited _____

Number of teams expected to attend by category:

Club Men _____ Club Women _____ College Men _____ College Women _____ HS Boys _____ HS Girls _____

Under 15 Tackle _____ Under 15 Non-Contact _____ Youth _____ Social _____ Old Boys/Girls _____

Amount of Entry Fee _____ When Due _____ Amount Past Due Date _____

What will the entry fee cover? _____

Tournament Format _____

Name & Location of Field(s) _____
(attach map to this form)

Street Address, City _____

Exact Size (width & length) of Field(s) _____ Number of Fields to be Used _____

Field Owner(s) _____

Restrictions on Use (insurance, weather, other) _____

No. of Referees Requested _____ (the EPRU Tournament Chair will contact the Referees Soc. regarding your request)

All players, coaches and non-playing team administrators must be CIPP enrolled. Who will be responsible for verifying enrollment as posted on the USA Rugby website (www.usarugby.org)

Will there be water provided? _____ Will there be showers and changing facilities? _____
Where? _____

What will be available for the public (ie sanitary facilities, bleachers, concession stand)? _____

What arrangements have been made for on-site medical treatment? _____

Will a healthcare professional or ambulance be on-site? _____

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Healthcare Prof. Name _____ Specialty _____

Address & Tel. No. _____

Ambulance Company _____

What arrangements have been made for transportation to a medical facility?

What arrangements have been made for clean-up of the tournament site?

What awards/trophies, etc. will be given to the winners?

Are any of these provided by a sponsor? _____ If so, please specify: _____

List your sponsors (if any) _____

What does their sponsorship cover? (be specific) _____

How was this sponsorship arranged, by whom, & when? _____

Who receives the proceeds from the tournament? _____

Will there be a tournament party? _____ Where? _____

Will food be served or available? _____ What? _____

What beverages will be served? _____

***Note* No alcoholic beverages permitted at high school or college-sponsored tournaments**

What arrangements have been made for anyone unable to drive home?

Tournament Director's Name _____

Address _____ Zip _____

Phone (H) _____ (Cell) _____ Email Address _____

Summer Address (for college students) _____

_____ Zip _____

Summer Phone _____ Email Address _____

I hereby certify that I have read and understand the "*Tournament Guidelines*" & "*Tournament Responsibilities*" (attached) or as outlined on the EPRU website, and will abide by such. I have also obtained the necessary insurance as required. I understand that final sanctioning of the tournament by the EPRU will be contingent upon approval of this application AND that the EPRU may require a tournament host to change the date of the tournament if there is a conflict with other events being held.

_____ Signature & Date Signed

_____ Printed Name & Office Held in Club

ATTACH \$50.00 CHECK(PAYABLE TO EPRU) AND MAP TO FIELD TO BACK OF FORM

Mail completed form, check & map to: EPRU, P.O. Box 393, Exton, PA 19341-9998

FOR EPRU USE ONLY:

Tournament Approved by EPRU YES _____ NO _____ (reason) _____

Team Notified YES _____ NO _____ Date _____