

**Federation of Broomball Associations of Ontario**  
**- Tournament Sanctioning Form -**

The following form must be completed and submitted to the F.B.A.O. Secretary at the address below 15 business days prior to the event taking place. Incomplete information could result in delays in determining if the event will be sanctioned.

**SECTION A: GENERAL INFORMATION**

**Name of Tournament:** \_\_\_\_\_

	<b>Event Chairperson</b>	<b>Event Co-Chairperson</b>
Name	_____	_____
Street Address	_____	_____
Town/City	_____	_____
Postal Code	_____	_____
Phone	_____	_____

Name of F.B.A.O. registered host team	_____
Name of host league (if applicable)	_____
Name of host region (if applicable)	_____
Name of other host group (if applicable)	_____

**SECTION B: TOURNAMENT INFORMATION**

**Location(s) of Event:** \_\_\_\_\_

<b>Tournament Dates</b>	<b>Hours (ie: 7am-11pm)</b>
_____	_____
_____	_____
_____	_____

**Divisions:** (Fill in number of anticipated teams in each division, even if 0)

<b>Men/Boys</b>		<b>Ladies/Girls</b>		<b>Co-Ed/Mixed</b>	
Open Men	_____	Open Ladies	_____	Adult Mixed	_____
Elite Men	_____	Elite Ladies	_____	Pee Wee	_____
Int. Men	_____	Int. Ladies	_____		
Masters Men	_____	Masters Ladies	_____		
Young Masters	_____	Young Masters	_____		
Juvenile Boys	_____	Juvenile Girls	_____		
Midget Boys	_____	Midget Girls	_____		
Bantam Boys	_____	Bantam Girls	_____		

Are all players participating currently registered with the F.B.A.O.? (Please check) If no, please contact F.B.A.O. Secretary	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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**Total Games:** Number of projected games/F.B.A.O. Official Game Sheets required. \_\_\_\_\_

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**SECTION C: TOURNAMENT & REGIONAL INFORMATION**

**Additional Insurance:**

Does your group have additional insurance coverage? (Please check)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, name insurer and policy number: _____		

**Tournament Sanction Fees: \$100**

We have forwarded the tournament sanction fee. (Please check)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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**Agreement:**

Please note that the event will not be sanctioned until all of the conditions and information have been submitted.

We, the undersigned, apply for sanctioning of the above event. We have read and agree to abide by all Federation of Broomball Associations of Ontario (F.B.A.O.) Constitution, By-Laws, and rules. Specifically, sections B5.1 & B5.2 (B5.1-B5.2.8.1).

_____ Tournament Chairperson (Print)	_____ Tournament Chairperson (Sign)	_____ Date
_____ Regional Representative (Print)	_____ Regional Representative (Sign)	_____ Date

**SECTION D: PROVINCIAL AUTHORIZATION**

**F.B.A.O. Use Only:**

_____ F.B.A.O. Executive (Print)	_____ F.B.A.O. Executive (Sign)	_____ Date
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Please forward form and payment to:

Lesley Squibb  
22 Bellefield Crescent, PO Box 358  
Arthur, ON N0G 1A0  
(226) 443-2123  
lesley.squibb@ontariobroomball.ca