



USSSA Event Sanction Form

Event Name: _____

Date Requested for event From: _____ To: _____

Qualifier _____ Invitational _____ Weekend Shootout _____

Camp _____ League _____ Boys _____ Girls _____ Adult _____

Name of Host Organization _____

Address _____
(Location to have registrations mailed to)

City _____ State _____ Zip Code _____

Email _____

Office Number: (____) _____ Cell Phone: (____) _____

Home Phone: (____) _____ Fax Number: (____) _____

List Facilities being used for event: _____

Event Director: _____

Address: _____

City _____ State _____ Zip Code _____

Division of Play:

Boys:	4 th	5 th	6 th	7 th	8 th	9 th	10 th	11 th	12 th
Girls:	4 th	5 th	6 th	7 th	8 th	9 th	10 th	11 th	12 th
Adult:	19 & Over	26 & Over	30 & Over	35 & Over	40 & Over				

Signature: _____ Date: _____

Send event application form and applicable fees to:
USSSA Basketball
P.O. Box 7431, Wesley Chapel, FL 33543