



California Interscholastic Federation

Application for Sanctioned Event

Please return to: Jim Crichlow, CIF Central Section Commissioner
P.O. Box 1567, Porterville 93258 Fax: (559) 781-7033

Date of Application: [ ] Number of years this event has been held:

On behalf of (School/City), ,we hereby ask sanction for the

(Name of event) Event Location

Date/Dates of Event [ ]

If sanction is granted this (Sport) Start Time: End Time:

This event will guarantee a minimum of (number) contests for each schools' team with not more than a maximum of (number)

Amount of Entry Fee Per Team Contestant

is to be charged, with the following awards (limited to \$25) to be presented (description of types of awards)

This tournament will require an additional Championship game.

For Volleyball only.....what is your daily format?

Yes No

something less than 3 out of 5
3 out of 5

Level OF COMPETITION: Check the appropriate type(s).

Varsity Sophomore Junior Varsity Frosh/Soph Freshman

TYPE OF COMPETITION: Check the appropriate type(s).

Student Sports Team Boys Event Only Girls Event Only Co-Ed Event Only

We have read the CIF Section and CIF State Rules regarding sanctioned events and agree to conduct the event in accordance with those rules. We understand that although assistance may be secured from an outside organization, the management of a sanctioned event must remain with the CIF member school.

Meet Manager's Signature

Principal's Signature

School Phone Number

Complete if request involves an interstate trip over 500 miles one way Print Name Also:

Name of School Board School

School Board Approval Date Address

City Zip Fax

Approved by:

STATE APPROVAL (Required for interstate/international travel)

Commissioner Approval Date [ ]

State Executive Director Approval Date [ ]

