

USSSA Event Sanctioning Form

Event Name: _____

Dates Requested: _____

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 Phone: _____ Cell Phone: _____

Home Phone: _____ Fax: _____

Facilities Used For Event:

Event Director: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Division(s) of Play

Boys: 4th 5th 6th 7th 8th 9th 10th 11th 12th

Girls: 4th 5th 6th 7th 8th 9th 10th 11th 12th

Adult: 19 & Over 26 & Over 30 & Over 35 & Over 40 & Over

Signature: _____ Date: _____

Send event application form and applicable fees to:
Florida USSSA Basketball
2255 Glades Road Suite 324A, Boca Raton, FL 33431