

# CASL Challenge Tournament Request Form



Team Name: \_\_\_\_\_

Age Group/Division: \_\_\_\_\_ Roster Size: \_\_\_\_\_

Head Coach: \_\_\_\_\_ Team Mgr.: \_\_\_\_\_

Tournament Request for:  3<sup>rd</sup> Tournament  4<sup>th</sup> Tournament  Off/Out of Season \_\_\_\_\_

Tournament Request (Name): \_\_\_\_\_

Tournament Request (Date/Location): \_\_\_\_\_

Tournament Sanction:  NCYSA/USYS  Other/Not Sanctioned \_\_\_\_\_

US Club (Additional fees for US Club carding of team) \_\_\_\_\_

List First Two Tournaments (current season): \_\_\_\_\_

## Approvals:

Date Received in CASL office \_\_\_\_\_

Director of Coaching: \_\_\_\_\_ Date: \_\_\_\_\_

Approved \_\_\_\_\_

Denied \_\_\_\_\_



