

SASKATCHEWAN DART ASSOCIATION

TOURNAMENT APPLICATION FORM

NAME (ZONE, LEAGUE OR DART ORGANIZATION)

NAME OF VENUE

LOCATION OF VENUE

SQUARE FOOTAGE OF VENUE _____

PHONE NUMBER OF VENUE _____

VENUE CONTACT _____

ADDRESS _____

POSTAL CODE _____ HOME TELEPHONE _____

NAME OF SPONSOR(S) AND CONTACT PERSON(S) (FOR SDA APPROVAL)

LEVEL OF COMMITMENT _____

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I hereby submit an application for sanctioning of the following tournament:

APPLICANT'S NAME: _____

NAME OF TOURNAMENT: _____

PREFERRED DATE(S) _____

SECONDARY DATE(S) _____

SASKATCHEWAN DART ASSOCIATION

TOURNAMENT APPLICATION FORM (cont'd)

For consideration of this application, please complete the following:

HOW MANY PERMANENT BOARDS IN VENUE AREA? _____

HOW MANY PORTABLES DO YOU REQUIRE? _____

IS THE SDA BOND FEE ATTACHED? _____

TOURNAMENT CASH PRIZE VALUE * _____
(*Minimum Cash Prize Payout - \$500)

DO YOU REQUIRE OTHER ASSISTANCE FROM THE SDA TOURNAMENT COMMITTEE?

By my signature on this application and upon acceptance of sanctioning for the above mentioned tournament, I hereby acknowledge that the above mentioned establishment has the necessary licenses, permits, etc. necessary to hold a function of this nature and that the above mentioned establishment shall waive all rights and assigns to claims by the establishment and/or its patrons against the Saskatchewan Darts Association Inc. and its officers or agents. As an authorized representative of this establishment, I acknowledge my understanding of this agreement and where in doubt have asked for explanations.

ZONE DIRECTORS SIGNATURE _____
Print Name Signature

APPLICANT'S SIGNATURE _____
Print Name Signature

SDA USE ONLY

Date of SDA Application Review _____

Dates Approved for Tournament _____

Number of Dart Boards Required _____

Port-A-Board Fee (\$5.00/Board) _____

SDA Venue Approval _____

TOURNAMENT DIRECTOR _____ DATE _____

FINAL APPROVAL BY SASKATCHEWAN DARTS ASSOCIATION INC.

PRESIDENT _____ DATE _____

DATE RETURNED TO ZONE/APPLICANT _____