

EVENT REQUEST FORM

Coastal California Zone

Please provide the following information to request competition dates.

Host Organization: _____

Competition Title: _____ History? _____

Competition Venue(s): No. _____ Names: _____

Competition Dates: _____

Age Groups (AG):

Select: Open 18U 16U 14U 12U 10U

Select: Male Female Coed

List (if > 1 AG): _____

(Example: 18U-B, and 12U-G, and 16U-B, etc.)

Competition Description (Quarter Times, Entry Fees, Open or Invitational, Event Format, etc.):

Exceptions to USAWP Rules (no. of time outs, overtimes, tie breakers, etc.):

Event Director:

Name: _____

Address: _____

Telephone(s): Cell: _____ Other: _____

Email Address: _____

Website: _____