



**SENIOR MASTERS**  
TOURNAMENT SANCTION REQUEST

The USATT sanctions this tournament as a recreational event under its Masters Senior Program as a non-rated event .

Tournament Information

Name of Event: \_\_\_\_\_

Starts: \_\_\_\_\_ Ends: \_\_\_\_\_

Venue Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Tournament Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Address (Street/City/State/Zip): \_\_\_\_\_

Name of Insurance company covering this event: \_\_\_\_\_ Coverage date/s: \_\_\_\_\_  
*(Please provide a copy of the certificate of insurance)*

**By signing below:**

1) I agree to adopt the Laws of Table Tennis upheld by the USATT and the ITTF (International Table Tennis Federation) as the official rule to regulate this event.

2) I understand that the USATT will not be held responsible for any liability, claims, losses or damages that may arise/resulting from this tournament.

3) I understand that the USATT is obligated to include this tournament on the USATT calendar of events as posted on their website and to provide technical guidance upon request.

4) I agree to pay the amount of \$25.00 for sanctioning fee. (Payable by check or credit card)

Name on card: \_\_\_\_\_

Billing Address: \_\_\_\_\_  
\_\_\_\_\_

Account No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date: \_\_\_\_ / \_\_\_\_

Tournament Director/Organizer's name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_