

EMSA TOURNAMENT APPLICATION INFORMATION

Please Type

Name of Tournament _____

Date of Tournament _____ TAF# _____

Name of Tournament Host – Club _____

Tournament Website _____

DISCIPLINE & APPEALS CERTIFICATION NAME _____

Tournament Chair _____

Phone #'s _____

E-mail address _____

Referee Coordinator _____

Phone #'s _____

E-mail address _____

Discipline Chair _____

Phone #'s _____

E-mail address _____

Tournament Coordinator _____

Phone #'s _____

E-mail address _____

EMSA MUST HAVE CONTACT INFORMATION UPDATES AND CHANGES RECORDED