## **Application for Sanction of DIAA Member Schools Only Athletic Event**

This application must be submitted at least **30 days prior to the date** of the proposed tournament or meet. Forward completed application to:

Executive Director Delaware Interscholastic Athletic Association 35 Commerce Way, Suite 1 Dover, Delaware 19904

	ort Date wrestling circle tournament type: Individual Bracket Dual Team Bracket Round Robbin					
OII	behalf of					
sar	action of the following tournament or meet from the Delaware Interscholastic Athletic Association:					
1.	Name of tournament or meet					
2.	Proposed (a) site(b) date(s)					
	(c) number of games or matches each team will play					
3.						
4.	Co-sponsor of tournament or meet					
5.	Participating schools (list schools which have been invited to participate). DIAA must be notified of any changes.					
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	(continue on reverse side)					
6.	Description of awards, if any					
	7. Value of awards					
8.	Entry fee, if any 9. Spectator admission fee, if any					
10.	How will proceeds be used or distributed?					
I h	ereby certify that:					
1. 2.	Each participating school will comply with all applicable DIAA rules and regulations. Schools which are not members of DIAA will not be invited to participate.					
	Signature Position (Administrator if sponsor is a school)					
Th	e above application is hereby:  Approved  Not Approved					
Da	te:					
ıα	Executive Director					