



New England Athletic Association of the Deaf

Invitational Basketball Tournament Sanction Form

Date: _____

Team/Organization Name: _____

Men's Division: _____ Women's Division: _____

Basketball Tournament Chairperson: _____

Tournament Chairperson E-Mail: _____

Gym/Field Address: _____

Team/Organization must inform the number of teams that will participate your tournament one (1) week before the date of the tournament to obtain insurance. Please contact any NEAAD Officers for insurance costs.

Total Insurance Cost: \$ _____

NEAAD Sanction Fee: \$25.00

TOTAL: \$ _____

Amount is due to NEAAD on the day of tournament.