



# Sanction Events Application

APPROVED \_\_\_\_\_  
DENIED \_\_\_\_\_  
DATE \_\_\_\_\_  
COMMENTS \_\_\_\_\_

**APPLICATION MUST BE APPROVED 14 DAYS BEFORE START DATE**

**Only online applications will be permitted.**

[sanctionedeventsapplication@ccdole.org](mailto:sanctionedeventsapplication@ccdole.org)

Parish or School Responsible for the Event \_\_\_\_\_

Name of the Event \_\_\_\_\_

Event Start Date \_\_\_\_\_ Event End Date \_\_\_\_\_

Is this within the SE period? (See planner) Yes ☐ No ☐

Games will be played at (list all) \_\_\_\_\_

Game Days: Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday ☐

Event Director Name \_\_\_\_\_

Email \_\_\_\_\_ Cell \_\_\_\_\_

Is the Event Director a trained CYO Site Director? Yes ☐ No ☐

List all names who will manage the games \_\_\_\_\_

Grades: 8 ☐ 7 ☐ 6 ☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1 ☐ HS: 12 ☐ 11 ☐ 10 ☐ 9 ☐

Fee \_\_\_\_\_ Minimum # of Games Guaranteed Per Team \_\_\_\_\_

Format: Single Elimination ☐ Double Elimination ☐ Round Robin ☐

Other: ☐ Describe \_\_\_\_\_

Admission Charge: Yes ☐ No ☐ If yes, Adults \_\_\_\_\_ Child \_\_\_\_\_ Senior \_\_\_\_\_ Pass \_\_\_\_\_

Sanctioned Fee Check # \_\_\_\_\_ Check from the Member Program Yes ☐ No ☐

Registration link: \_\_\_\_\_

Public Schedule and Results link: \_\_\_\_\_

Member Administrator Name: \_\_\_\_\_ Athletic Director Name: \_\_\_\_\_

## AUTHORIZATION

All signatures required.

*We attest that all of the above information is accurate. We further attest that all rules, guidelines, and regulations of the Diocese of Cleveland CYO Charter and Bylaws, as well as sport specific rules will be followed throughout this event.*

**Member Administrator Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Athletic Director Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Event Director Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

***CYO inspires young people to know God, to love God, and to serve God through athletics.***