NAIA REGION TOURNAMENT PLAN

(*Please **TYPE or PRINT** and return the appropriate sport plan by the corresponding date.*)

_____ Men's Soccer *(Oct. 1)*
_____ Women's Soccer *(Oct. 1)*
_____ Volleyball *(Oct. 1)*
_____ Men's Cross Country *(Oct. 1)*
_____ Women's Cross Country *(Oct. 1)*

_____ Baseball *(March 1)*
_____ Men's Golf *(March 1)*
_____ Women's Golf *(March 1)*
_____ Softball *(March 1)*
_____ Men's Tennis *(March 1)*
_____ Women's Tennis *(March 1)*

Region: _____
Date(s) of Tournament: _____
Backup Dates: _____
# of Schools Sponsoring and Participating in Sport: _____
# of Teams in Event: _____

Method of Team Selection for Event ***(List criteria and detailed description. Please attach additional page if necessary).***

Method of Seeding and Pairing ***(Specific information related to tournament bracket, format, etc.)***

Selected Site(s)

Approved Alternate Sites (*if applicable*)

Weather Contingency Plan (required for baseball, golf, softball, tennis):

A certified athletic trainer will be present at all rounds of conference tournament?
_____ **YES** _____ **NO**

_____ _____
Region Chair Signature **Date**

Phone: _____ **Fax:** _____

Please return to:

Dan Boyd, NAIA Championships
1200 Grand Blvd.
Kansas City, MO 64106
PHONE: (816) 595-8131 FAX: (816) 595-8200 E-MAIL: dboyd@naia.org

NAIA NATIONAL OFFICE USE ONLY

The tournament plan as presented has been ☐ **approved** ☐ **disapproved**.
Section(s) disapproved: _____
Reason(s) for disapproval: _____
Changes to be implemented: _____
NOTE: This plan as amended is FINAL and is not subject to appeal. Failure to follow the approved plan will cause the region to forfeit the right to send a team to the next level of championship.

NAIA Sport Administrator _____ _____
Signature Date

(rev. 8/15/2007)