



California State Soccer Association - South
Sanctioned Tournament Amendment Request



TOURNAMENT INFORMATION

Request Date _____ Tournament Name _____ Tournament Dates _____

Name of Requestor _____ Email Address _____ Position _____ Affiliate # _____

AMENDMENT DETAILS

Amendment from approved application: _____

Information as Approved

Proposed Information

Reason for Change

CONFIRMATION

By submission of this form I indicate that the changes requested above have the full approval of the hosting organization.

Tournament Director Name _____ Email _____ Phone _____

Hosting Organization President's Name _____ Email _____ Phone _____

NOTES

APPROVALS | Office Use Only

Result _____ Date _____

Sanctioned Tournaments Committee _____