

## APPENDIX 4B: IREVA ADULTS POST-TOURNAMENT TRANSMITTAL FORM

The following must be completed within 10 business days of the tournament. Failure to comply will result in forfeiture of the performance bond.

1. Original One-Event Registration Forms, applicable fees, and a copy of this Transmittal Form should be sent to: **Susanna Ashline, Assistant Registrar, 17 Meridian Lane, Ballston Lake, NY 12019.** Note: Individual checks from registrants must be made payable to IREVA and one check should be issued by the Tournament Director for the total amount of cash received. All registration activity must be detailed below.
2. Insurance Incident Report Forms should be mailed or faxed to the **Insurance Company** per the instructions on the form **AND** a copy should be sent to: **Jen Distin, Tournament/ Insurance Coordinator, 137 Harvard St., Cohoes, NY 12047.**
3. The following should be sent to: **Chris Trombley, Adults Tournament Results Coordinator, 2607 Pipers Court, Baldwinsville, NY 13027.**
  - a. A copy of this Transmittal Form
  - b. Accurate & complete Rosters including any membership verification materials
  - c. Completed Scoresheets
  - d. Tournament Schedule & Results Grids
  - e. Completed IREVA Official Fee & Expense Form
  - f. A report of any unusual circumstances or issues needing attention by IREVA – injuries, complaints by the Tournament Director about participants, extenuating circumstances related to event schedule or results, etc.

TOURNAMENT SITE REGISTRATION INFORMATION [use additional pages as necessary]		
TOURN. DATE:    /    /20	TOURN. SITE:	TOURN. DIRECTOR:
REGISTRANT NAME : MEMBERSHIP TYPE (check one)	REGISTRANT NAME : MEMBERSHIP TYPE (check one)	REGISTRANT NAME : MEMBERSHIP TYPE (check one)
: One-Event (Online) \$10 <input type="checkbox"/> One-Event (Paper) \$10 <input type="checkbox"/>	: One-Event (Online) \$10 <input type="checkbox"/> One-Event (Paper) \$10 <input type="checkbox"/>	: One-Event (Online) \$10 <input type="checkbox"/> One-Event (Paper) \$10 <input type="checkbox"/>
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<b>TOTAL FEES COLLECTED &amp; SUBMITTED TO ASST. REGISTRAR: \$ _____</b>		