1. Any event in which more than two member schools participate and is not sponsored, organized or managed by a member school shall require an intrastate sanction.

2. No same sport events will be sanctioned on the date of state governing organizations sponsored events.

3. All rules, regulations and playing rules of the IGHSAU / IHSAA shall apply.

Schools choosing to participate in intrastate events not sponsored, organized or managed by a member school are responsible for making certain the event is properly sanctioned by the I.G.H.S.A.U., the I.H.S.A.A. or both groups if necessary.

Sanctioning forms are available for intrastate events not sponsored, organized or managed by a member school by contacting either the I.G.H.S.A.U. or the I.H.S.A.A.

Q 1: The McCleod Center at the University of Northern Iowa holds an eight team basketball event. All participating schools are from Iowa. Each school only plays one game. Does this event require an intrastate sanction?
   A: Yes. The event is not organized by a member school.

Q 2: Two member schools choose to play a regular season baseball game at Principal Park in Des Moines. Does this game require an intrastate sanction?
   A: No. The event does not involve more than two member schools.

Q 3: A local civic organization sponsors an eight team soccer tournament. The tournament is organized and managed by a member school. Does this tournament require a intrastate sanction?
   A: No. The event has a sponsor, however, the organization and management of the event is the responsibility of a member school.

Q 4. A professional group put together a eight team volleyball event. Member schools are invited to move one of their regular season matches to the event venue and be played as part of the event. Does this event require an intrastate sanction?
   A: Yes. The event is not organized and managed by a member school.
APPLICATION FOR SANCTION OF INTRASTATE COMPETITION, NOT SPONSORED, ORGANIZED OR MANAGED BY A MEMBER SCHOOL

Application Date __________________

Sport _______________________ Date of Event _________________ Time of Event ________________

Name of Event ____________________________________________________________________

Sponsor __________________________________________________________________________

Sponsor Address ____________________________________________________________________

Street or Box                                 City                                 State                        Zip

Sponsor Phone Number (_____) _____ - ___________ Fax (_____) _____ - ___________

Name of Tournament Manager ____________________________

Manager Phone Number (_____) _____ - ___________ Fax (_____) _____ - ___________

Manager E-mail Address ___________________________________________________________________

Number of Schools Participating ________________________________________________________

(List of all participating schools and addresses must be provided on the attached sheet)

Entry Fee

☐ Yes Amount $__________

☐ No

Admission Fee Charged

☐ Yes Amount $__________

☐ No

(List of benefits provided to participants must be attached (transportation, board and room, gifts, etc.)

AWARDS: Participant Awards ____________________________ Cost per award $ __________

Team Awards ____________________________ Cost per award $ __________

Coach Awards ____________________________ Cost per award $ __________

Execution of this form constitutes an agreement by the tournament manager to assume oversight responsibility for the event, and he/she must be present on site during the event, either in person or by a designee.

Signature of Tournament Director ___________________________________ Date _____________

Return completed application by mail or fax to the Iowa High School Athletic Association

Action by Iowa High School Athletic Association

☐ Sanction Event

☐ Do Not Sanction Event

Comments/Limitations ________________________________________________________________

________________________________________________________________________________

Signature of IHSAA Administrator ____________________________ Date ______________