Frontier Competitive Region (ACR3)

2015 FCR 7s Tournament Host Guidelines

The host organization (Club or Union) must be enrolled in CIPP (USA Rugby).

The host organization must also be in good standing with its Union.

Frontier CR Sevens 2015 Competition Rules and Regulations Refer to:

2015 FCR 7s Tournament Rules and Regulations

COMPLETE PLAN MUST BE SIGNED & SENT VIA EMAIL TO FRONTIER CR SEVENS PROGRAM DIRECTOR NO LATER THAN FOUR CALENDER MONTHS PRIOR TO AN EVENT.

HOST INFORMATION

Frontier CR Geographic Union (GU) – check on Mid America		
Date of Tournament:		
Hosting Club or Organization:		
Club CIPP No:	(must be current)	
Tournament Coordinator:		
Field Owner:		
Venue Address:		
Field Surface: Natural grass (number)	_; Synthetic turf NOT ALLC	<u>)WED</u>
City:	State:	Zip:
Cell Phone:		
Email Address:		
Additional Event Contacts - Name and Email Ad	ddress:	
EVENT PLAN		
Refer to the "Frontier CR Sevens 2015 Con requirements. Will your tournament fully comp	•	
If not, please explain:		***
Please describe the space available and loca primary field.	ation for teams to warm up	p other than the

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must be completed and su than 10 days before the tour This Hosting Plan has been Print Name	Signature en review and approved by the Fron	Date tier CR Sevens program
must be completed and su than 10 days before the tour This Hosting Plan has bee		Date
must be completed and su than 10 days before the tour	en completed by:	
must be completed and su		
The host must prepare an	Emergency Action Plan (EAP) for the submitted to the Frontier CR Sevens Frontier for review.	
qualified medical persons	and Ambulance does not replace ar and should be provided based or se time at the event location when an a	n host's experience with
side. Qualified medical pers (preferably sports medicin orthopedic experience. A ca	as a minimum, that there be 2 qualif sons include Certified Athletic Trainer ne or orthopedic specialty), and p anopy with a table and chairs shall b ooler with ice to treat players.	(ATC), medical physician hysician's assistant with
MEDICAL COVERAGE		
*** Please attach an adden	nda with a list any support informati	on for your event.
Name and email address of	Society contact?	
	F Society contact?	
	iety confirmed they will provide covera	
<u>REFEREES</u>		

	If yes, please explain and provid	de backup field plan:
Yes No		
CR Representative)	aying conditions as determined by the	match referee or Frontier

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