DISTRICT RATING EVENT VENUE APPLICATION

The mission of this form is to assure the venues of District events across the country are similar. District candidates — new and renewal — have the option to travel to events and should expect to have a standard experience for their rating regardless of where it occurs.

Name of Tournament: _____

Super Region: _____ Region: _____

Date(s) _____ Hours of Event_____

Venue Location: _____

Name of Tournament Contact: _____

Address:_____

Phone: (_____) _____ Email_____

Person Responsible for
Sending Evaluations to Candidates: _____

Address:_____

Phone: (_____) _____ Email_____

Level of Play: ☐ College ☐ Other (describe) _____

Are Umpire Participants Prioritized by?

☐ In Region ☐ Out of Region ☐ Any ☐ By Invitation (explain):_____

_____

Criteria to be Met:

- ☐ Field is full size and lines per USL rules.
- ☐ Halves are ≥ 20 min.
- ☐ Provide adequate number if sessions for ratings.
- ☐ USL or NCAA rules will be followed.
- ☐ Utilize 3 person umpiring system.

Has NUC member ever attended?
Name: _____ Date: _____

By signing this, I understand criteria for awarding ratings
(Evaluation letters, proper number of games, appropriate level of raters, proper forms etc)

_____ _____
Signature Printed Name

Please send to the Super Region Chair in charge of the venue.
This form may be filled out and sent electronically by saving and attaching to email.

☐ Approved ☐ Disapproved Date:_____