## Appendix 1:

## **Application for Sanctioning by USA Cricket of a Domestic Cricket Event**

Applicants are requested to please complete the form below and submit the requested information to USA Cricket Operations, at the following email address: operations@usacricket.org.

Please include a copy of the general liability insurance and a certified letter of indemnification from USA Cricket with the below-completed application.

| S. No | Particular   | Details |
|-------|--|---------|
| 1.    | Event Organizer/Promoter   |         |
| 2.    | Proposed Event<br>Proposed name of event, structure, and proposed<br>format, i.e., 50 overs, T20, etc. |         |
| 3.    | Proposed Date(s)   |         |
| 4.    | Proposed Venue(s)  |         |
| 5.    | Participating Teams<br>Team names and details of the owners of the<br>teams                            |         |

| 6.  | Participating players<br>List the types of players participating, Foreign,  |  |
|-----|---|--|
|     | USA National, Domestic (Senior, U23, U19)<br>Note: Players residing in the USA but not eligible                           |  |
|     | to play for the USA are considered foreign; see<br>Appendix 2   |  |
| 7.  | Is the match/event being televised or live streamed?  |  |
|     | All relevant details including broadcast/stream provider details and in which countries.                                  |  |
| 8.  | How will USA Cricket benefit from staging this event, financially or otherwise?   |  |
|     | How will this event help USA Cricket to achieve its strategic objectives?   |  |
| 9.  | If a third party is involved in the organization/promotion of the event, how will the event benefit from its involvement? |  |
| 10. | What arrangements are in place and who is responsible for the following:  |  |
|     | 10.1 - The payment of players and match officials?<br>In particular, if and how are such payments guaranteed?             |  |
|     |   |  |

|     | <ul> <li>10.2 - Safety and security risks to participants</li> <li>10.3 - COVID-19 risks to participants</li> <li>10.4 - Anti-corruption rules and protocols that comply with ICC requirements</li> <li>10.5 - The appointment of Match Officials</li> <li>10.6 - Player Behavior (Code of Conduct)</li> <li>10.7 - Anti-doping rules and protocols that comply with ICC requirements</li> </ul> |  |
|-----|--|--|
| 11. | Details of how the event will be funded.<br>Provide a detailed event budget and identify key<br>companies and individuals who are funding the<br>event and the amount they are providing.  |  |
| 12. | Confirmation that no individual who is the<br>subject of a suspension imposed by the<br>ICC or any Member Board shall have any<br>involvement in the organization,<br>promotion, or staging of, and shall not<br>participate in the event.   |  |
| 13. | Any other comments to be considered in<br>the assessment of the application?   |  |

On behalf of the applicant, I confirm that: The information submitted in this application is true and correct; and that until the such event has been formally approved by USA Cricket in writing that it will not constitute 'approved cricket' under these regulations.

| Signature: | Name of the Organization: |
|------------|---------------------------|
| Name:      | Address:                  |
| Email:     | City/State/Zip:           |
| Phone No:  | Tax ID:                   |

## **Appendix 2: List of Teams/International Players**

(To be submitted upon sanctioning approval and one week prior to the start of the event)

| S.No | Team/Club Name | Team/Club Contact | Name of the Foreign Player | Country | VISA Type |
|------|----------------|-------------------|----------------------------|---------|-----------|
|      |                |                   |                            |         |           |
|      |                |                   |                            |         |           |
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|      |                |                   |                            |         |           |
|      |                |                   |                            |         |           |
|      |                |                   |                            |         |           |

Note: For additional space please use an excel spreadsheet and attach it with the application upon submission

| Authorized Signature: |  |
|-----------------------|--|
| Name:                 |  |
| Email:                |  |
| Phone No:             |  |
| Submission Date:      |  |

Additional Notes/Comments: