The NCAA Participant Manual is available on Teamworks (Files > Participating Team > Manuals) and is a comprehensive source of all tournament information for all rounds of the tournament. This site specific information document will provide [city] specific information pertinent to participating teams assigned to this site.

[Insert name of tournament manager] will be available on Selection Monday, March 16 to address questions from participating institutions. Institutions may contact [Insert name of tournament manager] at [Insert phone number]. The 2020 Division I Women’s Basketball Selection Show will be broadcast on ESPN on Monday, March 16 at 7 p.m. ET. A complete bracket can be found on [NCAA.com](http://www.ncaa.com/sports/basketball-women/d1).

**Director of Athletics:** [Insert name]

**Senior Woman Administrator:** [Insert name]

**Competition Venue**

[Name of Facility]

[Address]

[City, State Zip Code]

**Division I Women’s Basketball Committee or Site Representative**

[Insert name]

[Insert title]

[Insert institution/conference]

Cell: [Insert cell phone]

E-Mail: [Insert E-Mail]

**Tournament Manager**

[Insert name]

[Insert title]

Phone: [Insert office phone]

Cell: [Insert cell phone]

E-Mail: [Insert E-Mail]

**Media Coordinator**

[Insert name]

[Insert title]

Phone: [Insert office phone]

Cell: [Insert cell phone]

E-Mail: [Insert E-Mail]

**Ticket Manager**

[Insert name]

[Insert title]

Phone: [Insert office phone]

Cell: [Insert cell phone]

E-Mail: [Insert E-Mail]

**Lodging Liaison**

[Insert name]

Phone: [Insert office phone]

Cell: [Insert cell phone]

E-Mail: [Insert E-Mail]

**Athletic Trainer**

[Insert name]

Phone: [Insert office phone]

Cell: [Insert cell phone]

E-Mail: [Insert E-Mail]

**Tournament Physicians**

**General Physician**

[Insert name]

Cell: [Insert cell phone]

E-Mail: [Insert E-Mail]

**Orthopedic Physician**

[Insert name]

Cell: [Insert cell phone]

E-Mail: [Insert E-Mail]

**On-Site Practice Coordinator**

[Insert name]

Phone: [Insert office phone]

Cell: [Insert cell phone]

E-Mail: [Insert E-Mail]

**Off-Site Practice Coordinator**

[Insert name]

Phone: [Insert office phone]

Cell: [Insert cell phone]

E-Mail: [Insert E-Mail]

**Drug Testing Site Coordinator**

[Insert name]

Phone: [Insert office phone]

Cell: [Insert cell phone]

E-Mail: [Insert E-Mail]

**Band Liaison**

[Insert name]

Phone: [Insert office phone]

Cell: [Insert cell phone]

E-Mail: [Insert E-Mail]

**Cheerleader Liaison**

[Insert name]

Phone: [Insert office phone]

Cell: [Insert cell phone]

E-Mail: [Insert E-Mail]

***ALL TIMES LISTED ARE LOCAL TIME***

**NCAA will customize the schedule for each site on Selection Monday.**

**Hosts should update this schedule before sending to participating teams.**

**Thursday, March 19 or Friday, March 20, Day prior to first round**

\*The court will be open to members of the media for the first **15 minutes** of practice after which the court will be cleared and practice closed. Mini-camera operators may videotape practice from the baseline, behind the courtside media area or from the public seating area.

8:30 a.m. – 4 p.m. Credential Distribution

8:30 a.m. – 7 p.m. Media Workroom Hours

9 – 9:45 a.m. Sports Information Contacts Meeting

10 a.m. Team Entrance and Training Room Open

10 – 10:45 a.m. Administrative Meeting

10:45 – 11 a.m. Game No. 1 Higher Seed News Conference – Coach

10:45 – 11:15 a.m. Game No. 1 Higher Seed – Open Locker Room Media Availability

11:05 – 11:20 a.m. Game No. 1 Higher Seed News Conference - Players

11:30 a.m. – 1 p.m. Game No. 1 Higher Seed Practice\* (90 minutes)

Noon – 2 p.m. Media Buffet

12:25 – 12:40 p.m. Game No. 1 Lower Seed News Conference – Coach

12:25 – 12:55 p.m. Game No. 1 Lower Seed – Open Locker Room Media Availability

12:45 – 1 p.m. Game No. 1 Lower Seed News Conference - Players

1:10 – 2:40 p.m. Game No. 1 Lower Seed Practice\* (90 minutes)

2:05 – 2:20 p.m. Game No. 2 Higher Seed News Conference – Coach

2:05 – 2:35 p.m. Game No. 2 Higher Seed – Open Locker Room Media Availability

2:25 – 2:40 p.m. Game No. 2 Higher Seed News Conference - Players

2:50 – 4:20 p.m. Game No. 2 Higher Seed Practice\* (90 minutes)

3:45 – 4 p.m. Game No. 2 Lower Seed News Conference – Coach

3:45 – 4:15 p.m. Game No. 2 Lower Seed – Open Locker Room Media Availability

4:05 – 4:20 p.m. Game No. 2 Lower Seed News Conference - Players

4:30 – 6 p.m. Game No. 2 Lower Seed Practice\* (90 minutes)

**Friday, March 20 or Saturday, March 21, First-round game day**

If Game No. 1 tipoff is at 4 p.m. or later, the last practice shall conclude 5 hours prior to tip of Game No. 2.

\*\*If the team entrance and training room will close after practices, both should re-open 2 hours prior to tipoff of the first game.

^If doors open 90 minutes prior to tip during the regular season, NCAA will follow the regular season protocol.

1 hour prior to first practice Team Entrance and Training Room Open\*\*

1 hour, 10 minutes prior to next practice Game No. 1 Higher Seed Practice (one hour)

1 hour, 10 minutes prior to next practice Game No. 1 Lower Seed Practice (one hour)

1 hour, 10 minutes prior to next practice Game No. 2 Higher Seed Practice (one hour)

3 hrs prior to tipoff until 4 hrs after 2nd game Media Workroom Hours

3 hrs prior to tipoff until halftime of 2nd game Credential Distribution

Minimum 2.5 hours prior to tipoff Game No. 2 Lower Seed Practice (one hour)

2 hours prior to tipoff up to tipoff Media Buffet Open

90 minutes prior to tipoff Playing Floor Open to Teams

1 hour prior to tipoff^ Facility Doors Open to Public

TBD First-Round Game No. 1

Approx. 30 minutes after Game No. 1 ends First-Round Game No. 2

**Saturday, March 21 or Sunday, March 22, Day prior to second round**

10:30 a.m. – 3:30 p.m. Credential Distribution

10:30 a.m. – 5 p.m. Media Workroom Hours

11 a.m. Team Entrance and Training Room Open

Noon – 2 p.m. Game No. 1 Winner Practice (2 hours)

1:25 – 1:40 p.m. Game No. 2 Winner News Conference – Players

1:25 – 1:55 p.m. Game No. 2 Winner – Open Locker Room Media Availability

1:45 – 2 p.m. Game No. 2 Winner News Conference – Head Coach

2:15 – 4:15 p.m. Game No. 2 Winner Practice (2 hours)

2:15 - 2:30 p.m. Game No. 1 Winner Team News Conference – Players

2:15 – 2:45 p.m. Game No. 1 Winner – Open Locker Room Media Availability

2:35 – 2:50 p.m. Game No. 1 Winner News Conference – Head Coach

**Sunday, March 22 or Monday, March 23, Second-round game day**

If tipoff is at 4 p.m. or later, the last practice should conclude 5 hours prior to tip.

\*\*If the team entrance and training room will close after practices, both should re-open 2 hours prior to tip-off of the game.

^If doors open 90 minutes prior to tip during the regular season, NCAA will follow the regular season protocol.

*Note: Second round game times will be announced after the first round concludes.*

1 hour prior to first practice Team Entrance and Training Room Open\*\*

1 hour, 10 minutes prior to next practice Game No. 1 Winner Practice (one hour)

Concludes 3 or 5 hours prior to tipoff Game No. 2 Winner Practice (one hour)

3 hrs prior to tipoff until 4 hrs after game Media Workroom Hours

3 hrs prior to tipoff until halftime Credential Distribution

2 hours prior to tipoff up to tipoff Media Buffet Open

90 minutes prior to tipoff Playing Floor Opens to Teams

1 hour prior to tipoff^ Facility Doors Open to Public

TBD Second-Round Game

**NCAA Headquarters and Media Hotel**

[Insert hotel name]

[Insert hotel address]

Website: [Insert hotel website as hyperlink]

Rate: $[Insert rate]

Contact Person: [Insert contact name]

Phone: [Insert direct line]

E-Mail: [Insert contact E-Mail]

**Team Hotel – TEAM NAME**

[Insert hotel name]

[Insert hotel address]

Website: [Insert hotel website as hyperlink]

Rate: $[Insert rate]

Contact Person: [Insert contact name]

Phone: [Insert direct line]

E-Mail: [Insert contact E-Mail]

**Team Hotel – TEAM NAME**

[Insert hotel name]

[Insert hotel address]

Website: [Insert hotel website as hyperlink]

Rate: $[Insert rate]

Contact Person: [Insert contact name]

Phone: [Insert direct line]

E-Mail: [Insert contact E-Mail]

**Team Hotel – TEAM NAME**

[Insert hotel name]

[Insert hotel address]

Website: [Insert hotel website as hyperlink]

Rate: $[Insert rate]

Contact Person: [Insert contact name]

Phone: [Insert direct line]

E-Mail: [Insert contact E-Mail]

**Team Hotel – TEAM NAME** *(Note: Delete if you only have 3 team hotels)*

[Insert hotel name]

[Insert hotel address]

Website: [Insert hotel website as hyperlink]

Rate: $[Insert rate]

Contact Person: [Insert contact name]

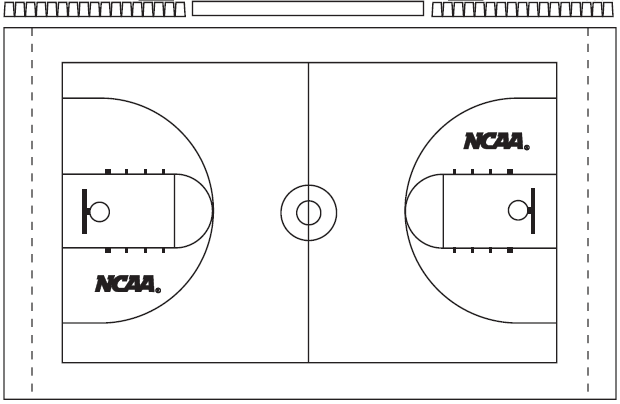
Phone: [Insert direct line]

E-Mail: [Insert contact E-Mail]

The host institution’s bench is: [BENCH A or BENCH B (see diagram below)]

**TEAM BENCH B**

**TEAM BENCH A**



**BENCH A**

**BAND**

**CORRAL**

**BENCH B**

**BAND**

**CORRAL**

|  |  |  |
| --- | --- | --- |
| **GAME** | **BENCH A** | **BENCH B** |
| First Round, Game No. 1 | TEAM NAME | TEAM NAME |
| First Round, Game No. 2 | TEAM NAME | TEAM NAME |
| Second Round | Teams will utilize the same bench as they did for the first round. If the advancing teams were on the same bench during the first round, the higher seeded team will retain the bench they used during the first round for the second round. The lower seeded, advancing team will utilize the other bench for the second round. | |

**Locker Room Assignments:**

|  |  |
| --- | --- |
| Game No. 1 Higher Seed | LOCKER ROOM LOCATION |
| Game No. 1 Lower Seed | LOCKER ROOM LOCATION |
| Game No. 2 Higher Seed | LOCKER ROOM LOCATION |
| Game No. 2 Lower Seed | LOCKER ROOM LOCATION |

**National Anthem:** The national anthem will be played by the Game No. 1 Lower Seed band.

**Ticket Prices**: [Insert single session and all session prices]

|  |  |  |
| --- | --- | --- |
|  | **Adults** | **Students** |
| **All Session:** | $[Insert Ticket Price] | $[Insert Ticket Price] |
|  |  |  |
| **Single Session:** | $[Insert Ticket Price] | $[Insert Ticket Price] |

*Note: Attendees under the age of 2 do not require a ticket and must sit on the lap of the ticketed adult. Single session tickets will only be distributed to teams.*

Participating teams are encouraged to contact the Ticket Manager to inquire if additional tickets, beyond the required team block, are available.

**Participating Institution Ticket Blocks (FIRST ROUND):**

|  |  |
| --- | --- |
| **Team** | **Seat Locations** |
| Game No. 1 Higher Seed  Team block will be located behind the team bench. | [Insert section, row, seat numbers] |
| Game No. 1 Lower Seed  Team block will be located across from the team bench. | [Insert section, row, seat numbers] |
| Game No. 2 Higher Seed  Team block will be located behind the team bench. | [Insert section, row, seat numbers] |
| Game No. 2 Lower Seed  Team block will be located across from the team bench. | [Insert section, row, seat numbers] |

**Non-Playing Participant Seating Locations (FIRST ROUND):**

|  |  |
| --- | --- |
| **Team** | **Seat Locations** |
| Game No. 1 Higher Seed | [Insert section, row, seat numbers] |
| Game No. 1 Lower Seed | [Insert section, row, seat numbers] |
| Game No. 2 Higher Seed | [Insert section, row, seat numbers] |
| Game No. 2 Lower Seed | [Insert section, row, seat numbers] |

**Disabled Seating Information and Access**

[Insert facility policy regarding disabled seating access.]

**Team Will-Call and Player Guest**

**Hours of Operation:** NCAA requires team will-call to open 30 minutes prior to doors opening for the first game of a session for **all** teams competing on that date. Therefore will-call will open at [TIME] on the first-round game day and 90 minutes prior to game time on the second round game day.

**Location:** Refer to ***Facility Entrances/Alternate Practice Site*** section of this manual.

**Facility Entrances**

|  |  |
| --- | --- |
| **Team Entrance:** | Enter through [Insert gate and directions]. |
| **Media Entrance:** | Enter through [Insert gate and directions]. |
| **Band/Cheerleader/Mascot Entrance:** | Enter through [Insert gate and directions]. |
| **Player-Guest Entrance:** | Enter through [Insert gate and directions]. |
| **Will-Call Windows:** | [Insert gate and directions]. |

**Alternate Practice Sites**

[Insert locations, contact information.]

NCAA DIVISION I WOMEN’S BASKETBALL CHAMPIONSHIP

ARENA DIAGRAM

**FIRST- AND SECOND-ROUNDS**

[Insert seat/bowl diagram AND back of house/event level diagrams]

**Hospital**

[Insert hospital name]

[Insert address]

[Insert phone number]

**Additional Emergency Telephone Numbers:**

[Emergency telephone numbers]

**Athletic Trainer**

[Insert name]

Phone: [Insert office phone]

Cell: [Insert cell phone]

E-Mail: [Insert E-Mail]

**Training Room Hours of Operation:**

[Insert dates and times the training room is available during the championship]

**Supplies/Equipment Provided in Locker Rooms:**

[Insert available supplies, equipment and modalities]

**Tournament Physicians**

**General Physician**

[Insert name]

Cell: [Insert cell phone]

E-Mail: [Insert E-Mail]

**Orthopedic Physician**

[Insert name]

Cell: [Insert cell phone]

E-Mail: [Insert E-Mail]

## **NCAA CHAMPIONSHIPS CRITICAL INCIDENT RESPONSE TEAM**

## **CONTACT INFORMATION**

(Complete the entire form. Hit tab to move from line to line.)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | |
| **HOST SCHOOL:** | |  | | | | |  |
| **FACILITY NAME:** |  | | | | | |  |
| **ADDRESS:** |  | | | | | |  |
|  |  | | | | | |  |
| **CITY:** |  | | **STATE:** |  | **ZIP:** |  | |
| **CRITICAL INCIDENT RESPONSE TEAM** | | | | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name** | **Position** | | | **Cell** | | **Home** |
|  | NCAA Committee/Site Representative | | |  | |  |
|  | Tournament Manager | | |  | |  |
|  | Media Coordinator | | |  | |  |
|  | Facility Manager | | |  | |  |
|  | Athletic Trainer | | |  | |  |
|  | Tournament Physician (General Practice) | | |  | |  |
| **LOCAL EMERGENCY NUMBERS** | | | | | | | |
| Local Police Department | | |  | | | | | |
| Local Fire Department | | |  | | | | | |
| Local EMS | | |  | | | | | |
| State Police | | |  | | | | | |
| State Health Official (also insert name, cell phone number and e-mail address) | | | **Name Cell E-mail** | | | | | |
| County Health Official (also insert name, cell phone number and e-mail address) | | | **Name Cell E-mail** | | | | | |
| Poison Control Center | | | 800-222-1222 | | | | | |
| **LOCAL HOSPITAL** | | | | | | | |
| **NAME** | | **ADDRESS** | | | **PHONE NUMBER** | | | |
|  | |  | | |  | | | |

[Insert the areas where participating teams may park cars, vans and buses. Include maps, diagrams and directions to parking areas.]