



2010-2011 USA Gymnastics Request for Sanction

Save \$5 when you register online

 RUSH

I understand that there will be an additional \$100 fee for Rush processing of this sanction request.

Office Use Only

Number _____
 Rec'd Date _____
 Payment Amount _____
 Check Number _____
 Postmarked _____
 Approval _____
 By _____ Other _____

Request must be postmarked no later than 30 days before competition. Late requests will be charged an additional \$25 late fee.

A separate sanction request is REQUIRED for each event location and discipline.

Sanctioned invitational meets of current Member Clubs will be listed in *Technique* magazine and online at www.usa-gymnastics.org

This sanction request form does NOT apply to meets involving athletes from a foreign country or invitational events involving USA National Team Members. Please see the *Rules & Policies* for details.

Meet Details: *all fields are required*

1. Region # _____ **State** _____ **Date(s) of Meet:** _____ **Entry Fee:** _____

2. Name of Meet: _____

3. Site Address (if different than Club): _____

4. Type of Meet: Local Sectional State Regional National Invitational Exhibition/Workshop/Clinic/Testing

5. Discipline:	<u>Men's</u>	<u>Women's</u>	<u>Acrobatic</u>	<u>Rhythmic</u>	<u>Trampoline & Tumbling</u>	<u>Gymnastics for All</u>
	<input type="checkbox"/> 4	<input type="checkbox"/> Prep Opt	<input type="checkbox"/> 1	<input type="checkbox"/> Prep	<input type="checkbox"/> 1	<input type="checkbox"/> Team-Gym
	<input type="checkbox"/> 5	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> GymFest
	<input type="checkbox"/> 6	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> Other
	<input type="checkbox"/> 7	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	
	<input type="checkbox"/> 8-13	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	
	<input type="checkbox"/> 8-16	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	
	<input type="checkbox"/> 9	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	
	<input type="checkbox"/> 10-14	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	
	<input type="checkbox"/> 10-16	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9	
	<input type="checkbox"/> Elite	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	
		<input type="checkbox"/> Elite	<input type="checkbox"/> Elite	<input type="checkbox"/> Group	<input type="checkbox"/> Elite	
				<input type="checkbox"/> Elite		

NOTE:
 Select only ONE discipline type per sanction request.

Example: Men's & Women's events held during the same meet in the same facility require TWO separate sanctions

Meet Director & Club Details: *all fields and Meet Director signature are required*

Meet Director Name: _____ Professional Membership #: _____

Club Name: _____ Club #: _____

Club Address: _____ State: _____ Zip: _____

Phone #: _____ Fax #: _____ Email: _____

I am a professional member in good standing with USA Gymnastics. I hereby agree that the above referenced event will be conducted in accordance with applicable USA Gymnastics Rules and Policies. I represent that I (a) thoroughly understand the USA Gymnastics Rules and Policies, (b) fully assume responsibility for this event and agree to be held accountable for any irregularities that might occur. I acknowledge that it is my responsibility to verify that all athletes, coaches, and judges are registered USA Gymnastics members in good standing. **I further certify that no persons permanently ineligible for membership in USA Gymnastics will be associated with this event in any way. A list of ineligible members is located at www.usagym/ineligible.** I understand that among the fines and penalties for (a) any violations of the rules and policies (b) any violation of this certification or any failure to adhere to the approved dates or time lines may include the loss of sanctioning privileges.

Signature of Meet Director: _____ Date: _____

Payment Information: Enclose check or money order payable to USA GYMNASTICS or provide credit card information:

Visa _____ Master Card _____ American Express _____ Discover _____ Other _____

Card #: _____ Exp. date: _____/_____/_____

Cardholder Name (PRINT): _____

Signature: _____

Cardholder telephone: (_____) _____

Email address for receipt: _____

Sanction fees:	
72 participants or less	\$55
73 participants or more	\$105
Late fee	\$25
Rush (7 days or less)	\$100
(sanction requests received less than 7 days prior to the event will be charged the sanction fee plus \$100 rush fee)	
Total to be charged:	_____