



Sept. 1, 2008 - Aug. 31, 2009

Application for Sanction of Event

Instructions → Type or print all information. Press hard - you are making four copies. Send all pages of this application with your check to your State Chairperson/Director.

State Director: Send top three copies to the National Office immediately. Keep bottom copy for state records.

USA wrestling

Event Information

- Name of Event _____
- Date of Event _____ • What style(s) of wrestling? FS GR Folk Beach Sombo
 Grappling
- Name of Event Organizer, ie club. _____
- Location of Event Name of Facility _____
Street Address _____
City _____ State _____ Zip _____
- Circle the ages of the wrestlers participating in this event: _____ Gender: Male Female
Bantam Midget Novice Schoolboy/girl Cadet FILA Cadet Junior FILA Jr University Senior Veterans
- Who can participate in this event? Any member In state residents Must qualify for this event
- If this is a qualifier for *another* event, check here: and state what is a qualifier for: _____
- Approximately how many competitors do you anticipate at this event?
less than 100 100 200 300 400 500 600 700 800 More than 900
- Event e-mail address: _____ Event web site: _____

In sanctioning your event with USA Wrestling, the event director(s) that utilize third-party online pre-registration tools, or any USA Wrestling online pre-registration tool, understand that USA Wrestling may provide a provision for the proper collection of email addresses through the aforementioned tool.

Certificate of Insurance/Publicity Information

This Application and all fees should be received at the National Office of USA Wrestling at least 10 days prior to the start of event. Allow sufficient time for processing by State Chairperson/Director and issuance of certificate of insurance. Late applications are subject to late charge or rejection. *Use separate form to request certificate holder at additional insured. Subject to carrier approval.*

- All communication about this event, including certificate of insurance, should be addressed to:
Director of Event _____
Mailing Address _____
City _____ State _____ Zip _____
Day Phone _____ Evening Phone _____
- List the owner/operator of the facility whose name also should be listed as a certificate holder. *Do not abbreviate.*
Name _____
Address _____

Your signature below indicates you have read the Rules for Sanction on the other side of this form and agree to abide by such rules and the stated terms and conditions of a USA Wrestling sanctioned event and have read the guidelines outlined in the Event Safety & Organizing Guide.

Director of Event _____ Date _____

STATE OFFICE USE ONLY

Date Application received from Event Director _____
State Chairperson/Director Approval _____

NATIONAL OFFICE USE ONLY

Date Application received _____ Within 10 days?
Approved by _____ Sanction # _____