



Application for Sanction

Application Information

Section 1: All Tournaments, Clinics, Camps and Competitive events should be Sanctioned by USA Judo for protection of clubs, coaches, athletes, volunteers, and state organizations. All Sanction applications must be filed with USA Judo National offices 10 days prior to event.

Section 2: Name of Club Applying For Sanction

CLUB:	
USA Judo Club Registration #	Place & Location of Sanction Event:
Name	Name
Address	Address
City	City
State	State
Zip Code	Zip Code
Phone	Phone
Fax	Fax
Email	Email

Section 3: EVENT IDENTIFICATION

Name of Event:
Date(s):
Number of Participants expected: (This number will be reported to Insurance company for coverage)
Event Contact Name:
Phone
Email
Event Web Site



Section 4: CERTIFICATION BY REQUESTING OFFICIAL

In applying for this sanction, the undersigned agrees:

1. To abide by the terms and conditions for sanctioned events.
2. To permit membership registration at the event and to provide the necessary forms for such registration.
3. To provide a complete report of the event to include all injuries that required medical attention and new membership registrations and fees, to the sanctioning authority within five days of the completion of the event.
4. Provide copies of the entry form, general information sheet and waiver and release form with this application.
5. That failure to do any of the above, or fulfill the terms of this agreement may result in the forfeiture of future rights to sanctions and may jeopardize insurance coverage of the event.
6. To post the sanction for the event in public view at the tournament site.

(Signature of Official Applying for Sanction)

(Date)

Sanction fees:

Up to 100 Participants: \$50.00
101-500 Participants: \$75.00
501 or more Participants: \$100.00

Certificate of Insurance:

First Certificate:
Min. 10 days prior to event: \$0
Within 10 days of event: \$50.00
Two or more certificates:
Min. 10 days prior to event: \$10.00 each
Within 10 days of event: \$50.00 each

Credit Card Payment: VISA MASTERCARD DISCOVER AMEX

Card Number: _____ / _____ / _____ / _____ Ex. Date: _____ Amt: _____

CVV: _____ Name on Card: _____

Mail Application to USA Judo 1 Olympic Plaza Colorado Springs, Colorado 80909
or Fax to 719-866-4733