

## APPLICATION FOR SANCTION

### APPLICATION INFORMATION:

**SECTION 1:** ALL TOURNAMENTS, CLINICS, CAMPS AND COMPETITIVE EVENTS SHOULD BE SANCTIONED FOR YOUR PROTECTION.

**SECTION 2:** NAME OF CLUB APPLYING FOR:  SANCTION  CO-SANCTION

CLUB:

Name and Address of Club Official Requesting Sanction:	Place and Location of Sanctioned Event:
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Name:	Place:
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Address:	Address:
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City:	City:
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State:                      Zip:	State:                      Zip:
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Phone: (    )                      Fax: (    )	Phone: (    )                      Fax: (    )
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Chartered Club:  Yes  No

### SECTION 3: EVENT IDENTIFICATION

Name of Event:

Date(s):

To be Co-Sanctioned with (if any):  USJI  USJA  USJF

Number of Participants expected:

Type of event:  Tournament  Clinic  Camp  Other: \_\_\_\_\_

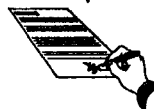
Competition:  Juniors  Seniors  Masters  Kata  Coed (USJF only)

Level:  Local  State  Regional  National

### 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 this, or fulfill the terms of this agreement may result in the forfeiture of future rights to sanctions.
6. To post the sanction for the event in public view at the tournament site.



\_\_\_\_\_  
(Signature of Official Applying for Sanction)

\_\_\_\_\_  
(Date)

Total Sanction Fee Enclosed: \$

Sanction Number:

Approval by:

Date:

**NOTE:** Third parties requesting to be named as additional insureds may be done by completing a certificate insurance request form.