



# USASF Member Event Producer Sanctioning Application



Event Producer Name

Street Address

City

State

Zip

Website Address:

Owner's Name

Owner's Phone / Ext

Owner's Email Address

Primary Contact's Name / Title

Primary Contact's Phone / Ext

Primary Contact's Cell Phone

Primary Contact's Email Address

## EVENTS REQUESTED FOR USASF SANCTIONING:

EVENT NAME	EVENT DATE	CITY	STATE	LEVEL OF SANCTIONING REQUESTED			
_____	_____	_____	_____	<input type="checkbox"/> Minimum	<input type="checkbox"/> 3 Star	<input type="checkbox"/> 4 Star	<input type="checkbox"/> 5 Star
_____	_____	_____	_____	<input type="checkbox"/> Minimum	<input type="checkbox"/> 3 Star	<input type="checkbox"/> 4 Star	<input type="checkbox"/> 5 Star
_____	_____	_____	_____	<input type="checkbox"/> Minimum	<input type="checkbox"/> 3 Star	<input type="checkbox"/> 4 Star	<input type="checkbox"/> 5 Star
_____	_____	_____	_____	<input type="checkbox"/> Minimum	<input type="checkbox"/> 3 Star	<input type="checkbox"/> 4 Star	<input type="checkbox"/> 5 Star
_____	_____	_____	_____	<input type="checkbox"/> Minimum	<input type="checkbox"/> 3 Star	<input type="checkbox"/> 4 Star	<input type="checkbox"/> 5 Star

(for requesting additional events, see next page)

I certify that I have read the USASF Sanctioning Standards and the listed event(s) requested for sanctioning meet all of the required USASF Sanctioning Standards. I understand that if the USASF Sanctioning Compliance Committee finds any misrepresentation of an approved USASF Sanctioned Event, we will be subject to penalties or we may lose our USASF membership.

Owners Signature

Date

Primary Contact's Signature

Date

