



2017/2018 USA GYMNASTICS REQUEST FOR SANCTION

\$100

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

Region No. _____ State _____ Event Dates _____ Date of 1st Session _____ Date of Last Session _____
Name of Meet _____ Site Name & Address (if different than club) _____

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

Discipline:

Select only **ONE** discipline type per sanction request. Example: Men's and Women's events held during the same meet in the same facility require **TWO** separate sanctions.

Women's	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> Elite
	<input type="checkbox"/> Bronze	<input type="checkbox"/> Silver	<input type="checkbox"/> Gold	<input type="checkbox"/> Diamond	<input type="checkbox"/> Platinum	<input type="checkbox"/> HUGSW					
Men's	DIV. 1: <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7			DIV. 2: <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7							
	JR. OLYMPIC: <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10			Jr. Development <input type="checkbox"/> Bronze <input type="checkbox"/> Silver <input type="checkbox"/> Gold							
T & T	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> Elite <input type="checkbox"/> HUGST
Rhythmic	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> Elite <input type="checkbox"/> HUGSR
	<input type="checkbox"/> Beginner Group		<input type="checkbox"/> Intermediate Group		<input type="checkbox"/> Advanced Group		<input type="checkbox"/> Advanced Group		XCEL: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C		
Acrobatic	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> Group <input type="checkbox"/> Elite <input type="checkbox"/> Blocks
Gymnastics for All	<input type="checkbox"/> Group <input type="checkbox"/> Team Gym Level (1-10) _____			<input type="checkbox"/> Team Acro & Tumbling: <input type="checkbox"/> Youth <input type="checkbox"/> Senior <input type="checkbox"/> Rhythmic <input type="checkbox"/> Gym Challenge							
	HUGS: <input type="checkbox"/> Women <input type="checkbox"/> T&T <input type="checkbox"/> Rhythmic										

MEET DIRECTOR & CLUB DETAILS *All fields and Meet Director signature are REQUIRED.*

Meet Director Name _____ Professional Membership No. _____
Club Name _____ Club No. _____
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 there may be fines and penalties for (a) any violations of the rules and policies or (b) any violation of certifications and/or any failure to adhere to the approved dates and/or times may include the loss of sanctioning privileges.

Signature of Meet Director _____ Date _____

ONLINE RESERVATION INFORMATION

Provide the details below in order to ensure proper activation of the online reservation system for the sanctioned event.

* Provide a start date to begin athlete/coach meet reservations: _____ * Provide the last date to which athlete/coach meet reservation may be cancelled: _____
* Provide a close/end date for athlete/coach meet reservations: _____ * Provide the last date to which an athlete level change may be made to a reservation: _____

PAYMENT INFORMATION

Credit Card _____ Card # _____ Exp. Date _____
Print Cardholder Name _____
Signature _____
Cardholder Phone _____ Email (for receipt) _____

Office Use Only

Number _____
Rec'd Date _____
Payment Amt _____
Check No. _____
Email sent date _____
Approval _____
By _____ Other _____

PAYMENT TOTALS - Make checks payable to USA Gymnastics

Sanction fee: \$100

If faxing/mailling the request form, please allow 7-10 business days from the date the form is received for processing.

Please return forms: 130 E Washington St., Ste. 700 • Indianapolis, IN 46204 or fax 317.692.5212 or register online - www.usagym.org

Questions? Contact Member Services at 800.345.4719 or membership@usagym.org