



2020/2021 USA GYMNASTICS REQUEST FOR SANCTION

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 Event: **Competitive:** Exhibition Local Meet Invitational Meet State Meet Regional Meet National Meet Virtual
Educational: Workshop Camp Clinic Judging Exam
Will athletes be present? Yes No

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 1 2 3 4 5 6 7 8 9 10 Elite
 Bronze Silver Gold Diamond Platinum HUGSW

Men's **DIV. 1:** 1 2 3 4 5 6 7 **DIV2:** 4 5 6 7
JR. OLYMPIC: 8 9 10 Elite Jr. Development Bronze Silver Gold HUGSM

T & T 1 2 3 4 5 6 7 8 9 10 Elite HUGST

Rhythmic 1 2 3 4 5 6 7 8 9 10 Elite HUGSR
 Beginner Group Intermediate Group Advanced Group Advanced Group **XCEL:** A B C

Acrobatic 1 2 3 4 5 6 7 8 9 10 Group Elite Blocks

Gymnastics for All Group Team Gym Level (1-10) _____ Team Acro & Tumbling: Youth Senior Rhythmic Gym Challenge
HUGS: Women Men T&T Rhythmic

EVENT DIRECTOR & CLUB/ORGANIZATION DETAILS *All fields and Event Director signature are REQUIRED.*

Event Director Name _____ Professional Membership No. _____
Club/Organization Name _____ Club/Org. Membership No. _____
Club/Organization Address _____ State _____ Zip _____
Phone _____ Fax _____ Email _____

By my signature below, I represent, warrant and agree that: (1) I am a professional member in good standing with USA Gymnastics ("USAG"); (2) I fully understand the USAG Rules and Policies; (3) the event will be conducted in accordance with applicable USAG Rules and Policies; (4) the event will be conducted in accordance with all applicable USAG policies, including its Safe Sport policy, and all federal, state, and local laws, ordinances, regulations, orders and mandates, including those related to COVID-19; (5) I fully assume responsibility and liability for this event; (6) **it will verify that all athletes, coaches, and judges are registered USAG members in good standing;** (7) **no persons permanently ineligible for, or suspended from, membership in USA Gymnastics will be associated with this event in any way** (lists of such persons are on USAG's website); (8) I understand there may be fines and penalties for any violations of USAG Rules and Policies; and (9) I understand that 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 Event Director _____ Date _____

ONLINE RESERVATION INFORMATION

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

If known: Meet Referee Name: _____ Meet Referee Member No.: _____

* 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

FEES: Sanction with athletes: \$140 Educational clinic without athletes: \$75 Virtual sanction: \$100 **TOTAL:** _____

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

Please return forms: 1099 N. Meridian St., Ste. 800 • Indianapolis, IN 46204 or fax 317.732.1791 or register online – www.usagym.org

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