



# 2022/2023 USA GYMNASTICS ADDITION / CHANGE OF MEET DIRECTOR

All fields are REQUIRED

## MEET DETAILS

Sanction Number: \_\_\_\_\_

Sanction Name: \_\_\_\_\_

Sanction Address: \_\_\_\_\_

## EVENT DIRECTOR & CLUB/ORGANIZATION DETAILS

Current Event Director's Name: \_\_\_\_\_

Current Event Director's Member Number: \_\_\_\_\_

Current Event Director's Club/Organization Name: \_\_\_\_\_

Current Event Director's Club/Organization Number: \_\_\_\_\_

I'd like to change the Event Director of this sanction.

I'd like to add the following individual as an additional Event Director of this sanction.

New Event Director's Name: \_\_\_\_\_

New Event Director's Member Number: \_\_\_\_\_

New Event Director's Club/Organization Name: \_\_\_\_\_

New Event Director's Club/Organization Number: \_\_\_\_\_

By my signature below, I represent, warrant and agree that: (1) I am a Event Director 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 laws and USAG policies, including its Safe Sport Policy; (5) I fully assume responsibility and liability for this event; (6) **I 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 New/Additional Event Director \_\_\_\_\_

Date \_\_\_\_\_

Return completed form to [membership@usagym.org](mailto:membership@usagym.org).

### Office Use Only

Number \_\_\_\_\_

Rec'd Date \_\_\_\_\_

Payment Amt \_\_\_\_\_

Check No. \_\_\_\_\_

Email sent date \_\_\_\_\_

Approval \_\_\_\_\_

By \_\_\_\_\_ Other \_\_\_\_\_

## QUESTIONS?

Contact Member Services at 800.345.4719 or [membership@usagym.org](mailto:membership@usagym.org)