



# 2019/2020 USA GYMNASTICS REQUEST FOR SANCTION

\$140

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	<i>DIV. 1:</i> <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	<i>DIV. 2:</i> <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6		<input type="checkbox"/> 7		
	<i>JR. OLYMPIC:</i> <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10			<input type="checkbox"/> Elite	<input type="checkbox"/> Jr. Development	<input type="checkbox"/> Bronze	<input type="checkbox"/> Silver	<input type="checkbox"/> Gold	<input type="checkbox"/> HUGSM			
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		<i>XCEL:</i> <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						
	<i>HUGS:</i> <input type="checkbox"/> Women		<input type="checkbox"/> Men	<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](http://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.

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) \_\_\_\_\_

<b>Office Use Only</b>
Number _____
Rec'd Date _____
Payment Amt _____
Check No. _____
Email sent date _____
Approval _____
By _____ Other _____

### PAYMENT TOTALS – Make checks payable to USA Gymnastics

**Sanction fee: \$140**

If faxing/mailing 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](http://www.usagym.org)

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