



# 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 laws and USAG policies, including its Safe Sport Policy; (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: 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