



SANCTION APPLICATION
PLEASE COMPLETE BEFORE PRINTING

USSSA CLUB # _____

Date of Application ____ / ____ / ____

Type of event _____

Local (dojo) _____ Clinic / Seminar _____ State Championship _____

Regional (non-qualifier) _____ Practice _____ Regional Championship _____

National _____ Physically Challenged _____

Event Name _____

Event Date ____ / ____ / ____ to ____ / ____ / ____

Event Promoter _____

USSSA MEMBER # _____

Cell # _____ - _____ - _____ - _____

Fax # _____ - _____ - _____ - _____

Email _____

Event Website _____

FACILITY INFORMATION

Name of Facility _____

Facility Address _____

City _____ State ____ Zip _____

Facility Contact Person _____

Phone # _____ - _____ - _____ - _____

Medical Contact _____

Phone # _____ - _____ - _____ - _____

Medical Email _____

Do you need Certificate of Insurance Yes or No? _____

By applying for a tournament Sanction Application, you agree to abide by the USSSA Sanctioning guidelines and regulations. (1) All event competitors (regardless of nationality must be USSSA members (either weekend or full member) (2) USSSA National Program or USSSA BOD shall be liable for any financial aspects of the sanctioned event.

Return with appropriate fee to:

FEE AMOUNT

<p>USSSA National Karate Program 611 Line Drive Kissimmee, florida 32793 PH 321-206-1114 or Fax 407-386-9788 Karate@ussakarate.com</p>	<p>Payment Method: ____ PayPal ____ Check ____ Visa ____ MasterCard ____ Discover</p> <p>Credit Card # _____</p> <p>Expiration Date ____ / ____</p>
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USSSA NATIONAL KARATE PROGRAM
National Headquarters 611 Line Drive, Kissimmee, Florida 32793
PH: 321-206-1114 FAX 407-386-9788 National Headquarters 321-697-3634
Email: Karate@USSSAKarate.com

Electronic Signature: