



Application for Sanction

APPLICATION INFORMATION

Section 1: All Tournaments, Clinics, Camps and Competitive events should be sanctioned by USA Judo for protections of clubs, coaches, athletes, volunteers, and state organizations. All Sanction application must be filed with USA Judo National offices 10 day prior to event.

Section 2: Name of Club Applying For Sanction

CLUB:	
USA Judo Club Registration #:	Place & Location of Sanctioned Event:
Name	Place
Address	Address
City	City
State	State
Zip Code	Zip Code
Phone	Phone
Fax	Fax

Section3: EVENT IDENTIFICATION

Name of Event:
Date(s):
Number of Participants expected: (This number will be reported to Insurance company for coverage)
Type of Event: <input type="checkbox"/> Tournament <input type="checkbox"/> Clinic <input type="checkbox"/> Camp <input type="checkbox"/> Other: _____
Competition: <input type="checkbox"/> Juniors <input type="checkbox"/> Seniors <input type="checkbox"/> Masters <input type="checkbox"/> Kata
Level: <input type="checkbox"/> Local <input type="checkbox"/> State <input type="checkbox"/> Regional <input type="checkbox"/> National

Section 4: CERTIFICATION BY REQUESTING OFFICIAL

In applying for this sanction, the undersigned agrees:

1. To abide by the terms and conditions for sanctioned events.
2. To permit membership registration at the event and to provide the necessary forms for such registration.

3. To provide a complete report of the event to include all injuries that required medical attention and new membership registrations and fees, to the sanctioning authority within five days of the completion of the event.
4. Provide copies of the entry form, general information sheet and waiver and release form with this application.
5. That failure to do any of the above, or fulfill the terms of this agreement may result in the forfeiture of future rights to sanctions and many jeopardize insurance coverage of the event.
6. To post the sanction for the event in public view at the tournament site.

 (Signature of Official Applying for Sanction)

 (Date)

Total Sanction Fee Enclosed:
(USA JUDO FEE IS \$50.00)

Sanction Number:

Approval by:

Date:

NOTE: Certificates of insurance for a sanctioned event will continue to be provided by the National Office free of charge if requested within 10 working day of the event being held. If a certificate of insurance is required prior to 10 days it will be provided with a service fee of \$50.00 per additional insurer requested.

**Sanction fees:
 USA Judo National fees are as follows:
 Up to 100 Participants \$50.00
 101-500 Participants \$75.00
 501 and Above Participants \$100.00**

**The first certificate is Free if requested 10 days prior to event. If requested less than 10 days prior to the event then the fee is \$50.00
 Two or more certificates will be \$10.00 per certificate.**

State Sanction Fee (If Applicable.)

State Name: _____ Sanction Fee Due: _____

PLEASE MAKE OUT TWO SEPARATE CHECKS ONE PAYABLE TO YOUR STATE AND THE OTHER PAYABLE TO USA JUDO.

For Office Use Only

Payment Attached:

USA Judo Sanction Fee: _____

State Sanction Fee: _____

Certificate of Insurance Fee (If Applicable.): _____

Payment Form:

Check: _____

Cash: _____

Credit Card: _____

Expiration Date: _____

Name on Credit Card: _____

Address

Phone: _____