

## UNITED STATES JUDO FEDERATION APPLICATION FOR SANCTION

### APPLICATION INFORMATION:

**SECTION 1:** ALL TOURNAMENTS, CLINICS, CAMPS AND COMPETITIVE EVENTS SHOULD BE SANCTIONED FOR YOUR PROTECTION.

**SECTION 2: NAME OF CLUB APPLYING FOR SANCTION:**

**CLUB:**

<b>Name and Address of Club Official Requesting Sanction:</b>	<b>Place and Location of Sanctioned Event:</b>
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**Name:**

**Place:**

**Address:**

**Address:**

**City:**

**City:**

**State:**

**Zip:**

**State:**

**Zip:**

**Phone:**

**Fax:**

**Phone:**

**Fax:**

Chartered Club:  Yes  No

**SECTION 3: EVENT IDENTIFICATION**

**Name of Event:**

**Date(s):**

**To be Sanctioned by one organization only:**  USJF

**Number of Participants expected:**

**Type of event:**  Tournament  Clinic  Camp  Other: \_\_\_\_\_

**Competition:**  Juniors  Seniors  Masters  Kata  Coed (USJF only)

**Level:** Local      State      Regional      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 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.
3. Provide copies of the entry form, general information sheet and waiver and release form with this application.
4. That failure to do any of this, or fulfill the terms of this agreement may result in the forfeiture of future rights to sanctions.

\_\_\_\_\_  
**Signature of Official Applying for Sanction**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed Name of Yudanshakai Official Endorsing this Application**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Yudanshakai Official Endorsing this Application**

\_\_\_\_\_  
**Yudanshakai Name**

**Total Sanction Fee Enclosed: \$**

**Sanction Number:**

**Approval by:**

**Date:**

NOTE: Third parties requesting to be named as additional insured may do so by completing a certificate insurance request form.