



APPLICATION FOR SANCTION

APPLICATION INFORMATION

GRASSROOTS SANCTION (USJA/USJF MEMBERS ONLY) - \$40 PER EVENT

NATIONAL SANCTION (NO ORGANIZATIONAL MEMBERSHIP REQUIRED) - \$100 PER EVENT

SECTION 1: All tournaments, scrimmages, clinics, camps, and other competitive events should be sanctioned for your protection

SECTION 2: Name of club applying for sanction

Club name: Club #:

Name and Address of Club Official Requesting Sanction

Name:

Address:

City: State:

Zip: Phone:

Email:

Chartered Club: Yes No

(Edged weapons and striking are prohibited at any event.)

Place and Location of Event:

Name:

Address:

City: State:

Zip: Phone:

Email:

SECTION 3: Event identification

Name of Event:

Date(s):

Please check all that apply:

Number of Participants Expected:

Type of Event: Tournament Clinic Camp Scrimmage Other

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. This includes current IJF, USJA Kosen or IBJJF Gi rules.
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 application to the USJA National Headquarters. Your sanction will not be approved if these items are not submitted.**
5. Failure to do any of this, or fulfill the terms of this agreement may result in the forfeiture of future rights to sanctions.
6. To post the sanction for the event in public view at the tournament site.
7. My signature indicates I am thoroughly informed of all the safety rules and regulations regarding a sanctioned event.

(Signature of Official Applying for Sanction)

(Date)

Total Sanction Fee Enclosed: \$ Sanction Number:

Approval By: Date:

Note: Third parties requesting to be named as additional insured's may be done by completing a certificate of insurance request form for a sanctioned event.



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Please allow 30 days to process this application.

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Payment fee check #	<input type="text"/>	Charge my credit card type	<input type="radio"/> AMERICAN EXPRESS	<input type="radio"/> VISA	<input type="radio"/> MasterCard	<input type="radio"/> DISCOVER	Date	<input type="text"/>
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