

USA Swimming/Montana Swimming

Application for Sanction/Approval

Date: _____

I, _____, apply on behalf of, _____ (organization)
for a sanction or approval to hold (specify event -- swim meet, exhibitions, Swim-A-Thon, camp or clinic)
_____ at _____ on the
_____ day(s) of _____, 20____. Our sanction fee of \$_____,
a copy of the event information, all required computer files, and the entry form are attached.

Also included is a complete schedule of lanes and times for all the warm-up procedures, which must be adhered to by all participants.

As a condition of obtaining such a sanction, I and the above organization, which I represent, agree to abide and govern this event under the rules and regulations of USA Swimming, Inc. and Montana Swimming and all other terms and conditions upon which this sanction may be granted. The terms specifically include all local rules and regulations and those set forth in Article 202 of the current edition of the USA Swimming Rules and Regulations, specific reference to Article 202.2 thereof, which provides that:

In granting this sanction it is understood and agreed that USA Swimming shall be free from any liabilities or claims for damages arising by reason of injuries to anyone during the conduct of the meet.

Officials: Officials for this meet must be qualified persons as certified by USA Swimming, Inc. and a list of such officials will be submitted to the General Chair one week prior to the above event, if requested.

SIGNED: _____
Club President Date

SIGNED: _____
Meet Manager Date

Return Sanction To: _____ (Club/Team)

Address: _____

City/State/Zip: _____

Email the Sanction Application Form and your Meet Information to:

Eric Belasco, eric.belasco@gmail.com
Montana Swimming Officials Chair, (406) 577-6335

Mail \$20 meet sanction fee and sanction form to:

Piper Lynch, MT Swimming Finance Vice Chair
PO Box 936, Helena, MT 59624

(Make checks payable to Montana Swimming)

DO NOT WRITE BELOW THIS LINE

For LSC use only

Approved/ Not Approved (circle one) SIGNED: _____

Sanction Number: _____ Issued: _____
Month Date