

UNITED STATE TRAMPOLINE AND TUMBLING ASSOCIATION
CLINIC SANCTION APPLICATION

COMPLETED SANCTION APPLICATION, SANCTION FEE, AND A COPY OF APPROVED AAU SANCTION MUST BE SUBMITTED TO THE NATIONAL OFFICE AT LEAST EIGHT WEEKS PRIOR TO SCHEDULED **CLINIC**. (\$100 PENALTY FOR SANCTION APPLICATIONS RECEIVED LESS THAN 30 DAYS PRIOR TO DATE OF CLINIC WITHOUT PRIOR APPROVAL). APPLICATION MUST BE APPROVED TO HOST A U.S.T.A. COMPETITION. **PLEASE PRINT OR TYPE**

HOST CLUB _____ **CLUB'S**
U.S.T.A.# _____

CLINIC DIRECTOR _____ WORK PHONE# (____) _____

HOME PHONE# (____) _____ FAX# (____) _____ CELL# (____) _____

CLINIC FACILITY _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

DATE(s) & TIME(s) OF COMPETITION _____

EVENTS BEING OFFERED TUMBLING TRAMPOLINE DOUBLE-MINI TRAMP
LEVELS BEING OFFERED ALL LEVELS OTHER _____

APPROXIMATE NUMBER OF TEAMS INVITED: _____
(NOTE: MORE THAN ONE (1) OTHER TEAM MUST BE INVITED TO QUALIFY FOR A SANCTION)

ANSWER ALL OF THE FOLLOWING:

USTA MEMBERSHIPS BEING REQUIRED AND CHECKED - YES _____ NO _____
AAU MEMBERSHIPS BEING REQUIRED AND CHECKED - YES _____ NO _____
AAU SANCTION APPLIED FOR - YES _____ NO _____
AN EMT, NURSE OR TRAINER WILL BE AVAILABLE (Optional for Invitation & State Meets) - YES _____ NO _____

REGISTRATION FEE: _____

LIST STATES REQUESTING MAILING LABELS FOR: _____

CLINIC DIRECTOR _____ PHONE# (____) _____
Signature

U.S.T.A. NATIONAL OFFICE USE ONLY

Date Rec'd ____ / ____ / ____ Check# _____ Amt\$ _____ Appr'd _____ Not Appr'd _____ Sanction# _____