

USA Swimming Southern California Swimming Sanction/Approval Application



COMPLETE BOTH SIDES OF THIS FORM			Date:		
1		apply on behalf of			
I,, apply on behalf of Applicant Name			Organization (Club)		
for a Sanction/Appro	val to hold a swimming compe	tition, exhibition o	r clinic titled		
at		on the	day(s) of	2	20
Lc	ocation		Date	Month	Yea
Our sanction fee* of * Fes: Dual or	\$, a copy of Tri Meet - \$10; Committee, C	the event information of the losed invite or S	ation and event en t CS Meet - \$25; Ser	t ry form are attac nior Invitational -	ched . \$100
Also included is a coparticipants.	mplete schedule of lanes and	times for all warm	-up procedures whic	ch must be adhere	ed to by all
govern this event up and all other terms a rules and regulations	taining such a sanction, I and the nder the rules and regulations and conditions upon which this and those set forth in Article 20 202.2.7 thereof which provide	of USA Swimmin sanction may be g 2 of the current ed	ig, Inc. and Southei granted. These term	rn California Swir s specifically inclu	nming, Inc de all local
lia	granting this sanction it is unde bilities or claims for damages a rent.				
Signed:	Club President			Date	
Signed: Club Representative			Date		
Return Sanction to:			Phone:		
Address:		E-mail add	dress:		
City:		State:	Z	ip:	
	Souther	ail Application to: n California Swim PO Box 30530 arbara, CA 93130			
	Applicant Do	Not Write Below mmittee Use Only			
nmittee Rules/Condit	ions Met: $oldsymbol{\mathcal{D}}$ Yes $oldsymbol{\mathcal{D}}$ No	Committe	e Chairman/Rep:		
	s (CS Use On	ly		
Approved:	🗇 Yes 💋 No	Sanction #	#:		
Issued:	20	Signed:			

SCS v 9/2011

Meet Officials:

Meet Director: E-mail address: (must be current non-athlete member of USA Swimming with Level 1 background check and Athlete Protection Training)

Meet Referee:

E-mail address: (must be current non-athlete member of USA Swimming with Level 2 background check and Athlete Protection Training)

Admin Referee:

E-mail address:

(must be current non-athlete member of USA Swimming with Level 2 background check and Athlete Protection Training)

Meet Processor: _____ E-mail address: _____

Any change to the above named officials prior to the meet requires the approval of Administrative Vice Chair, Ofiicials' Chair, Age Group Chair (Committee level meets only), or Senior Chair (senior meets only).

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