

APBA PERSONAL WATERCRAFT RACING SANCTION APPLICATION

APBA NATIONAL HEADQUARTERS - P.O. BOX 377 - EASTPOINTE, MICHIGAN 48021-0377
Phone (586) 773-9700 Fax (586) 773-6490

A sanction from the APBA assures the promoter exclusivity of location on the date(s) arranged. To be considered for sanction, the promoter must agree to the following criteria:

- 1) Sanction and Insurance fees paid in full 30 days prior to the event. **Additional fees will apply to those sanction and insurance applications received less than 30 days prior to race dates.**
- 2) Abide by current APBA rules and regulations, all local, county, state and federal laws.
- 3) Provide proof for any advertised prizes and/or to provide adequate awards for all participants in the event.
- 4) Properly complete and return to APBA **within seven days** following the event all entry forms, signed waivers, membership applications with appropriate fees and funds.

PLEASE PRINT

Events Dates: ____/____/____ To ____/____/____
Promoter Name _____ Home Phone () _____
Address _____ Work Phone () _____
City _____ Cell Phone () _____
State _____ Zip _____ Fax () _____
E-Mail Address _____ Website _____
Event Name _____ APBA Region _____
Site Name _____ Nearest City _____
Ambulance Service _____ Phone () _____
Local Hospital _____ Phone () _____
Water Type Lake River Ocean
Type Of Events Offered Closed Course Slalom Freestyle Supercourse Sprint
Race Director _____ Phone () _____
Chief Scorer _____ Phone () _____
Tech Inspector _____ Phone () _____

I have read the criteria listed in this sanction application
and agree to abide by and comply with its complete content.

Signature of Promoter

Print Name

Date

SANCTION FEE:

Single Round Event: \$300
Double Round Event: \$350

LATE FEES:

Submitted less than 30 days prior to race date - add \$50
Submitted less than 7 days prior to race date - add \$100

SANCTION FEE PAID WITH : CHECK # _____ VISA MASTERCARD DISCOVER
CREDIT CARD NO. _____ EXP. DATE ____/____/____ BILLING ZIP _____

Cardholders Name (Print)

Cardholders Signature

Mail, fax, or E-mail Sanction Application and Fees to APBA. Make Check Payable to APBA.

Office Use Only

Application Received ____/____/____ Payment Received ____/____/____ Processed By: _____