

# 2010 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  Endurance  
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 or double round event: Submitted 30 days prior to race date - \$250

SANCTION FEE PAID WITH : CHECK # \_\_\_\_\_  VISA  MASTERCARD  DISCOVER  
CREDIT CARD NO. \_\_\_\_\_ EXP. DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ CVS (# on back of card) \_\_\_\_\_

\_\_\_\_\_  
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: \_\_\_\_\_