



AAU EVENT SANCTION REQUIREMENTS

IMPORTANT INFORMATION
PLEASE READ BEFORE COMPLETING THE SANCTION APPLICATION FORM
COMPLETE ALL INFORMATION AND FORWARD WITH THE APPROPRIATE FEE

IN CONSIDERATION OF THE GRANTING OF THIS SANCTION BY THE AAU, the Member Club organizing the event/activity agrees to the following:

1. This sanction, if approved, may not be transferred.
2. This sanction is valid only for the dates issued.
3. No sanction of any athletic meet will be granted by any District Sport Director and Registrar for any event where the word "Olympic" or any derivative thereof is used in any advertisement or notice in any manner in connection with said athletic meet. **Exceptions granted ONLY by approval of AAU National Board of Directors or AAU Executive Committee.**
4. The Member Club shall pay all expenses connected with the proper conduct of the meet and shall abide by and enforce all rules and regulations of the AAU of the U.S., Inc., the AAU District and the appropriate District Sport Committee.
5. The Member Club shall hold harmless the AAU of the U.S., Inc., the District, and its Sport Committees and any of their associated bodies from any and all financial obligations or contractual liability incurred by the Member Club in holding this event.
6. The Member Club will follow the proper technical rules of the sport as stipulated in the AAU Code and the AAU sport rulebook.
7. The activity will be conducted by qualified officials.
8. Proper provisions will be made for the validation of any records established during an activity.
9. No prize can be given to or accepted by an individual, Member Club, Committee or District except for those permitted by the AAU Code. **There will be no cash prizes.**
10. Measures will be taken to protect the amateur status of athletes who will take part in the competition and to protect their eligibility to compete in amateur athletic competition.
11. Any income derived from sanctioned events must be used for further promotion of amateur sport, for a tax exempt, charitable organization or for the general welfare of the hosting organization.
12. **The Member Club will be covered by any insurance program that the AAU has in force at the time. If a third party insurance certificate is desired, an appropriate application request must be submitted to your AAU District or online prior to the starting date of the event.**
13. Provisions will be made for proper medical supervision during the activity, as well as safety precautions to protect the personal welfare of the competitors and spectators.
14. An athlete's entry will not be accepted, nor will the athlete be allowed to compete **unless the athlete is a properly registered member of the AAU.** Announcements, information flyers, and entry blanks (see sample form in the Appendix of the AAU Code Book) of sanctioned events must state that no entries will be accepted unless the entrant is properly registered member of the AAU. Please allow for an AAU number on the entry form.
15. The Member Club will file results and other reports as required by the AAU District granting this sanction.
16. Failure to comply with the conditions of this sanction will cause immediate and direct withdrawal of said sanction.
17. **AAU Boys' Basketball and Baseball Inter-District events (teams from outside your District) require approval by the AAU Boys' Basketball or Baseball National Committee before the sanction is processed. Contact the AAU National Headquarters for Boys' Basketball, Baseball and other Inter-District events.**

IF YOUR APPLICATION FOR THE EVENT SANCTION IS DENIED YOU MAY REQUEST THAT THE DENIAL BE REVIEWED BY THE NATIONAL REGISTRATION EXECUTIVE COMMITTEE WITHIN 72 HOURS OF BEING NOTIFIED. PLEASE CONTACT THE DISTRICT OFFICE FIRST, TO DETERMINE THE REASON FOR THE DENIAL. SEND THE REQUEST FOR REVIEW VIA EMAIL TO nationalregistrationcommittee@aausports.org OR VIA FAX TO 407-828-0166. QUESTIONS? CONTACT PAM MARSHALL AT 407-934-7200.

EVENT SANCTION APPLICATION

NAME OF EVENT: _____ SPORT: _____

DATE(S) OF SANCTION: ____/____/____ TO ____/____/____ TOTAL # OF DAYS: _____

EVENT CATEGORY (CHECK ONE CATEGORY ONLY)

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> DEMONSTRATION / CLINIC
<small>(No overnight clinics)</small> | <input type="checkbox"/> INVITATIONAL | <input type="checkbox"/> PHYSICALLY CHALLENGED | <input type="checkbox"/> DISTRICT CHAMPIONSHIP |
| <input type="checkbox"/> LEAGUE | <input type="checkbox"/> INTER-DISTRICT | <input type="checkbox"/> MULTI-SPORT / SPORTS FESTIVAL | <input type="checkbox"/> PRELIMINARY |

NATIONAL SPORTS COMMITTEE EVENTS

- CHAMPIONSHIP DEMONSTRATION/CLINIC INVITATIONAL LEAGUE REGIONAL SUPER-REGIONAL OTHER

National Event Applications must be sent to the AAU National Office, P.O. Box 22409, Lake Buena Vista, FL 32830 For Processing.

THIS EVENT WILL ALLOW THE FOLLOWING TO PARTICIPATE

- MALE FEMALE BOTH YOUTH ADULT BOTH

- AGES 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19
 20 21 and OVER

NUMBER OF AGE GROUPS PARTICIPATING: _____

ESTIMATED NUMBER OF PARTICIPANTS: _____

Enter each event date covered by the Sanction . Should you need to list more age groups and dates include a separate sheet.

Gender	Age Category	Event Start Date	Event End Date
Gender	Age Category	Event Start Date	Event End Date
Gender	Age Category	Event Start Date	Event End Date

FEES: *Fees Cap after a maximum of 7 days. The event can be more than 7 days and Sanction will be valid for the dates above.

YOUTH SANCTION: \$ _____	ADULT SANCTION: \$ _____	YOUTH AND ADULT (Both) \$ _____
\$48.00 per Day up to a Maximum of 7 days*	48.00 per Day up to a Maximum of 7 days* Plus \$20.00 per application	\$48.00 per Day up to a Maximum of 7 days Plus \$20.00 per application

FACILITY INFORMATION / CLUB INFO

NAME OF FACILITY BEING UTILIZED _____ CONTACT NAME _____ (____) _____ PHONE NUMBER _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

IF USING MORE THAN 1 FACILITY THE ABOVE FACILITY INFORMATION MUST BE ATTACHED ON SEPARATE SHEET.

CLUB NAME _____ CLUB CODE _____ CLUB CONTACT _____

EVENT DIRECTOR _____ (____) _____ (____) _____ (____) _____
DAYTIME PHONE NUMBER FAX NUMBER CELL NUMBER

ADDRESS OF EVENT DIRECTOR _____ CITY _____ STATE _____ ZIP _____

E-MAIL ADDRESS OF EVENT DIRECTOR _____ E-MAIL ADDRESS OF CLUB CONTACT _____

I agree to abide by the AAU CODE and Policies of the AAU of the U.S., Inc.

SIGNATURE OF CLUB CONTACT

DATE

Revised 10/23/07

