



## Event Sanctioning Application

Fax or email to CASK office

Name: \_\_\_\_\_  
First Last

Address: \_\_\_\_\_  
Number Street City

Province Postal code Email

Contact: \_\_\_\_\_  
Business phone Home phone Fax

Host club: \_\_\_\_\_ Name of event: \_\_\_\_\_

Location of event: \_\_\_\_\_  
Number Street City

Proposed date: \_\_\_\_\_  
Province Postal Code Time Date dd / mm / yy

Attending physician: \_\_\_\_\_  
First Last

Phone Medical License #

EMT: \_\_\_\_\_  
First Last Company name (if applicable)

\_\_\_\_\_  
First Last Company name (if applicable)

### Fee: \$800

Cheque/money order payable to CASK

Credit card Cardholder: \_\_\_\_\_

Card #: \_\_\_\_\_ Exp date: \_\_\_\_\_

I \_\_\_\_\_ (Club Owner) have read, understand, and agree to all current policies and procedures for CASK approved competitions. I also understand and agree that failure to fulfill any CASK policy or procedure will result in a disciplinary action and/or fine against my club, in addition to the event sanctioning being withdrawn. I will ensure that all bouts and athletes meet all CASK requirements. I understand and agree to pay the travel expenses of selected officials as per the CASK policy on expenses. I understand and agree that if the event is cancelled by myself, and/or due the withdrawal of sanctioning, and/or due to an Act of God, that my sanctioning fee is non-refundable.

\_\_\_\_\_ (Signature) \_\_\_\_\_ (Date)