

**AmeriKiDS Gymnastics**  
**REQUEST FOR SANCTION**  
(Please submit at least 21 days prior to event)

State: \_\_\_\_\_ Request Date: \_\_\_\_\_

Type of Event: Local Invite Multi-State Invite State Event Date(s): \_\_\_\_\_

Name of Event: \_\_\_\_\_

Meet Site: \_\_\_\_\_

Event Director: \_\_\_\_\_

(Event Director responsible for making sure all athletes are registered with AmeriKiDS Gymnastics)

Levels Offered-Boys: \_\_\_\_\_ Entry Fee: \_\_\_\_\_

Levels Offered-Girls: \_\_\_\_\_ Entry Fee: \_\_\_\_\_

Club # and Name: \_\_\_\_\_

Club Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Gym Phone #: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_  
(Sanction Approval/Meet Report Form and Insurance Certificates will be returned by email or fax)

Is host club an AmeriKids comprehensive Insurance member? Yes\_\_\_\_\_ No\_\_\_\_\_  
(Gym has insurance through Foy Insurance Group with coverage for facility, surrounding area and volunteers)

**IF NO:** Name of gym Insurance carrier \_\_\_\_\_  
(ie: Markel, K&K, Snyder etc.)

Prior to sanction being issued you must provide, from your insurance carrier, a certificate of insurance naming AmeriKids Gymnastics as an "also insured" **OR** you may contact Foy Insurance at [603-772-4781](tel:603-772-4781) for a single event coverage

**Sanction Fee: \$25 - 1 Day Event ; \$45 - 2 Day Event;**

**(Optional): Additional \$25**

Third Party Insurance Certificate to:

Facility Name and Address: \_\_\_\_\_

Send Fax Attention to: \_\_\_\_\_ Fax #: \_\_\_\_\_

**Amount Enclosed:** \_\_\_\_\_

**Enclose a check payable to AmeriKiDS Gymnastics and mail to:**

**Mike Stanner, National Chairman  
AmeriKiDS Gymnastics  
11222 Kentucky Road - Papillion, NE 68133-2322**