## **USBF SANCTION FORM (Pro Modified)**

| Date of Application:                                                                                                                                                                                                                              | /; Date of Event:/                                                                                                                                                                                                                                                                                                              | /                                                                                                                                                                                                                                                                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                                                                                                   | FACILITY INFORMATION (BE                                                                                                                                                                                                                                                                                                        | E VERY COMPLETE)                                                                                                                                                                                                                                                                                                                            |
| Name of facility bein                                                                                                                                                                                                                             | ng utilized:                                                                                                                                                                                                                                                                                                                    | Phone:                                                                                                                                                                                                                                                                                                                                      |
| Address of facility: _                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                             |
| City:                                                                                                                                                                                                                                             | State:                                                                                                                                                                                                                                                                                                                          | Zip:                                                                                                                                                                                                                                                                                                                                        |
|                                                                                                                                                                                                                                                   | PROMOTER INFORMATION (B                                                                                                                                                                                                                                                                                                         | SE VERY COMPLETE)                                                                                                                                                                                                                                                                                                                           |
| Name of Promoter:                                                                                                                                                                                                                                 | Evening Phone:                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                             |
| Daytime Phone:                                                                                                                                                                                                                                    | E-Mail Address:                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                             |
| Address:                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                             |
| City:                                                                                                                                                                                                                                             | State:                                                                                                                                                                                                                                                                                                                          | Zip:                                                                                                                                                                                                                                                                                                                                        |
|                                                                                                                                                                                                                                                   | Promoter's Agree                                                                                                                                                                                                                                                                                                                | <u>ement</u>                                                                                                                                                                                                                                                                                                                                |
| (3)I agree to send in contour weeks following the show (4)I agree to accept full retthe USBF or those individual (5)I agree to request drug specified by the USBF or (6)I agree hold harmless tholders, event sponsors, ewhether caused by the ne | esponsibility for the collection of all membersh<br>duals not having proof of membership.<br>I testing kits at least 2 months prior to the even<br>EUSBF_SA at the sanctioned event.<br>The USBF, USBF_SA, their directors, officers<br>event volunteers from any and all liability or of<br>gligence of releases or otherwise. | ing protocol forms, and contest photos no later than two ship fees for those individual not on the list provided by int date, and to be responsible for carrying out testing as s, employees, representatives, and agents, the event claims made as result of this sanction of this event, and an event and that there will be no refund of |
| (Signature granting approval                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                             |
|                                                                                                                                                                                                                                                   | e:                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                             |
| SANCTION FEES                                                                                                                                                                                                                                     | _1 romoter's tremoership is included in Su                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                             |
|                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                             |

**Note: Money Orders Only, Payable to USBF** 

**\$\_300.00\_\_\_ \$300.00 PER EVENT(SANCTION FEE)** 

Please mail to: USBF, P.O. Box 20042, Baltimore, MD 21284-0042