

Application for USMA Tournament Sanction

Section 1. Information for club requesting USMA sanction

Club Name _____
Club Instructor _____ USMA LM # _____
Club Address _____
Club Phone _____ Club Fax _____

Section 2. Location of event

Location name (YMCA, etc.) _____
Location address _____
Location phone _____ Location Fax _____

Section 3. Event information

Name of event _____
Date(s) of event _____
Co-sanctioned? _____ no _____ yes. If yes, name of organization(s) _____
Number of competitors expected _____
Type of competition _____ youth _____ adults _____ forms _____ fighting

Section 4. Certification of requesting official

By applying for USMA tournament sanction, I understand and agree:

1. To allow only USMA Life Members to compete.
2. To allow only USMA certified referees and judges to officiate.
3. To follow the USMA tournament format rules.
4. To pay the non-refundable \$20 application fee when application is tendered.
5. To provide the USMA with proof of liability and accident insurance coverage, and to include the USMA as additional insured for the requested event.
6. To provide USMA official competition division forms and a complete report of the event to the USMA Director of Operations within five days of the event's completion.
7. That failure to follow these guidelines will result in rejection of all future USMA tournament sanction applications.

Requesting Official's signature

date

Send this application with fee and proof of insurance to:

Sensei Donn Schucker
P.O. Box 2171
Florissant, MO 63032-2171