



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: \$1050

Cheque/money order payable to CASK

Credit card Cardholder: _____ Exp date: _____
 Card #: _____

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procedure will result in a disciplinary action and/or fine against my club, in addition to the event sanctioning being withdrawn.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)



International Federation

BUREAU NATIONAL / NATIONAL OFFICE

5008 South Service Road, Burlington, Ontario, CANADA, L7L 5Y7
 Phone: 905-681-9815 - Fax: 905-681-1638 - Email: nhq@kickboxingcanada.org



National Sporting Organization