ATHLETICS CANTERBURY INCORPORATED
("The Centre")

Sanctioned Event Application Form

Sanctioned Event Approval No.
CAN ___ - ____

Event:

Event Name: _____

Locality: _____

Date(s): _____

Event	***Event Description***	***Registered Athlete Entry Fee***	***Unregistered Athlete Entry Fee***
1			
2			
3			
4			
5			
6			
7			

Contacts:

	Event Owner	***Event Organiser***
Full Name:		
Address:		
Email:		
Telephone:		

Declaration:

On behalf of the above named event, I hereby confirm that:

- The details on this application form are correct.
- The event will be operated in compliance with appropriate competition rules of the sport.
- The event will provide, as appropriate, for the safety of the participants, volunteers and spectator public.
- The event will pay to the Centre all fees set by the Centre or Athletics NZ, from time to time and which apply to this event. All Sanctioned Event Fees will be paid to Athletics Canterbury bank account **03 0802 0120741 00**
- A full set of results will be forwarded to the Centre, within 3 weeks of the event.
- The Entry Form and all other entry information for the event shall include a statement that the event has been sanctioned by "Athletics New Zealand" and is to be held under the "Rules of Athletics New Zealand" and shall include the sanctioned event logo of Athletics NZ.

Signature: _____ Designation: _____

Name: _____ Date: _____

Post to: The Secretary, Athletics Canterbury Inc, PO Box 3130, Christchurch 8140.
Alternatively, email the form to **secretary@athleticscanterbury.org.nz**.

To be Completed on Behalf of the Centre:

Centre approval is hereby granted / not granted (delete one) for the above event to be an Athletics NZ Sanctioned Event.

Signature: _____ Designation: _____

Name: _____ Date: _____

Comments: _____