



USA ROLLER SPORTS  
ANNUAL ASSOCIATE SPONSOR APPLICATION  
2019-2020 COMPETITIVE SEASON

No club or skater shall receive expense or lost time payments or reimbursement from other than immediate family members or USA Roller Sports unless a sponsor application has been approved.

SPONSOR:

Company: \_\_\_\_\_ Contact: \_\_\_\_\_

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

CLUB OR SKATER SPONSORED:

Social Security #: \_\_\_\_\_ Name: \_\_\_\_\_

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

The sponsor encloses herewith the sum of \$ \_\_\_\_\_, to be used for the following (check applicable items) either in whole or in part.

- |   |          |                        |          |
|---|----------|------------------------|----------|
| 1. Sports Clothing  | \$ _____ | 6. Lost time payment*  | \$ _____ |
| 2. Sports Equipment   | \$ _____ | Wage/Salary Rate       |          |
| 3. Travel Expenses  | \$ _____ | \$ ___ per hour/week   |          |
| 4. Medical,<br>Physiotherapy or<br>Preventative Health Care | \$ _____ | 7. Education           | \$ _____ |
| 5. Daily Allowance  | \$ _____ | 8. Training            | \$ _____ |
|   |          | 9. Club and entry fees | \$ _____ |

\*IMPORTANT: For lost time payments, verification of skaters' pay scale via check stubs or statement from employer must be made prior to the trip

Send all checks and make payable to: USA Roller Sports, 4730 South Street, Lincoln, NE 68506.

**AGREEMENT OF AND REPRESENTATIONS BY SPONSOR**

The undersigned sponsor represents to USA Roller Sports that he/she/it:

1. Is not an immediate family member of the sponsored skater, or a skater who is a member of the sponsored club;
2. Is not a roller skating rink operator or an officer, director or employee of a rink;
3. Is not a manufacturer, supplier, distributor or retailer of amateur roller skating equipment or supplies;
4. Will not reimburse or offer to reimburse expenses or lost time payments in excess of FIRS and USA Roller Sports amateur card status rules;
5. Will not use the name or image of the sponsored club or skater in any form or advertisement, promotion, or endorsement;
6. Will provide verification to USA Roller Sports of reimbursement and payments to the sponsored skater or club promptly upon request by USA Roller Sports.

**AGREEMENT OF AND REPRESENTATIONS BY SPONSORED SKATER OR CLUB**

The undersigned represents to and agrees with USA Roller Sports that he/she/it:

1. Will not accept or offer or agree to accept expense reimbursement or lost time payments in excess of FIRS or USA Roller Sports amateur status rules;
2. Will not advertise, promote, or endorse the sponsor or its products nor allow his/her/its name or image to be so used;
3. Will provide verification to USA Roller Sports of receipts from the sponsor promptly upon request by USA Roller Sports.

Sponsor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Sponsored Skater  
or Club Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**APPROVAL**

Based upon the information, agreements and representations provided by the Sponsor and Sponsored club or Skater, USA Roller Sports approves reimbursement and payments to the Sponsored Club or Skater for the September 1, 2019 to August 31, 2020 competitive membership year. USA Roller Sports reserves the right to withdraw approval retroactively upon presentation of evidence that the information or representations provided above are false or that the agreement has been violated, and to withdraw approval prospectively upon failure of the Sponsor or Sponsored Club or Skater to provide verification to USA Roller Sports promptly upon request. USA Roller Sports assumes no responsibility or liability for payments made or promised to be made by the Sponsor to the Sponsored Club or Skater.

USA Roller Sports Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**RETURN THIS FORM AND SEND ALL CHECKS MADE PAYABLE TO:**

**USA ROLLER SPORTS  
4730 SOUTH STREET  
LINCOLN, NE 68506**

**THIS FORM MAY ALSO BE RETURNED BY FAX: 402.483.1465  
OR EMAIL: [bbenson@usarollersports.org](mailto:bbenson@usarollersports.org)**