



**USA Roller Sports**  
**4730 South Street**  
**Lincoln, NE 68506**  
**402.483.7551 phone 402.483.1465 fax**

## 2019-2020 SPECIAL EVENT SANCTION APPLICATION (Show, Exhibition, or Seminar)

Exact dates of event: \_\_\_\_\_

Sponsoring club name, if any: \_\_\_\_\_ Club Id: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Email address to receive Sanction info: \_\_\_\_\_

Where will event(s) be skated (Facility, City, State)? \_\_\_\_\_

Name of event: \_\_\_\_\_

List participating skaters, i.e. "Norman Latin and Margaret Wallace" or "all members of the "Skating Club".  
 Use back of form as needed.

Explain what event will include: \_\_\_\_\_

Type of Event: \_\_\_\_\_ Seminar \_\_\_\_\_ Show or Exhibition (requires \$25 per day fee per GR6.06.05)

If exhibition or show includes speed skating, please note: ANZI Z90.4 and/or the SNELL bicycle Standard helmets are required to be worn by all speed skaters at all speed skating competitions. All normal markings on the helmets must be left intact and are not to be tampered with in order that they may be readily identified as having complied with the ANZI Z90.4 and/or SNELL Bicycle Standards.

The undersigned applicant hereby agrees to indemnify and hold USA Roller Sports harmless from any and all claims, liability or damages arising as a result of the conduct of this exhibition or show, or the negligence of USA Roller Sports, the applicant, or their officers, directors, agents, employees, or assigns. The undersigned applicant further agrees not to compensate any amateur roller skater for that person's appearance other than as outlined in the USA Roller Sports General Rules, nor cause that person to violate any amateur status rule set forth in USA Roller Sports General Rules.

Applicant Signature

Date

**EMAIL** completed form and credit card information to:  
 bbenson@usarollersports.org

**FAX** completed form and credit card information to:  
 402.483.1465

**MAIL** completed form and check or credit card information to:  
 USA Roller Sports, 4730 South Street, Lincoln, NE 68506

**Questions? Call our Financial Department at**  
**402.483.7551 x 206**

**CREDIT CARD INFORMATION**

Card Number: \_\_\_\_\_ CCV#: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_

Total Amount To Charge: \_\_\_\_\_