



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

2017-2018 SPECIAL EVENT SANCTION APPLICATION (Show, Exhibition, or Seminar)

Exact dates of event: _____

Sponsoring club name, if any: _____ Club Id: _____

Address: _____

City, State, Zip: _____

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 _____

Please only use **ONE** of the methods below. Duplicate returns may result in duplicate charges and delayed processing.

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

FAX completed form and credit card information to:
 402.483.1465

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

Questions? Call our Financial Department at 402.483.7551 x 17.

CREDIT CARD INFORMATION	
Card Number: _____	CCV#: _____
Expiration Date: _____	Billing Zip Code: _____
Name on Card: _____	
Signature: _____	
Total Amount To Charge: _____	

This form is to be used for exhibitions, shows, and seminars.
 For all other competitions and regional speed clinics please use appropriate form.