

# NWSRA Tournament Sanction Application

NWSRA Headquarters ★ 5291 Sorrento Circle ★ La Palma, CA 90623  
Phone (714) 994-4572 ★ Fax (714) 523-0507 ★ E-mail: [info@nwsra.net](mailto:info@nwsra.net)

**NOTE:** NWSRA Headquarters must receive this form and all required information within 60 days of the tournament. The sanction Fee must be received by NWSRA 45 days prior to the tournament. All Races will be run under strict guidelines and rule of the NWSRA.

Once the tournament has been sanctioned, the tournament organizer can obtain the tournament kit online at [www.USAWATERSKI.org](http://www.USAWATERSKI.org).

## PAYMENT INFORMATION

Check/Money Order #: \_\_\_\_\_  
Credit Card Number: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_ CCV Number: \_\_\_\_\_  
Name on Card: \_\_\_\_\_  
Billing Address: \_\_\_\_\_  
City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Sanction Fee	\$	_____
Late Fee	\$	_____
Other	\$	_____
Subtotal	\$	_____
Total Amount	\$	_____

## TOURNAMENT INFORMATION

Race Type:    Marathon    Circle    Marathon/Circle Combo    Points Race?    Yes    No

Region    1    2    International

If Marathon/Circle Combo, how many marathon rounds will be run? \_\_\_\_\_

Date(s) Start: \_\_\_\_\_ End: \_\_\_\_\_

Tournament Name: \_\_\_\_\_

Site: \_\_\_\_\_ City/St/Zip: \_\_\_\_\_

If you wish to host GrassRoots events alone or in conjunction with your NWSRA sanction, please check those events below.

<input type="checkbox"/> Ski Race	<input type="checkbox"/> Barefoot	<input type="checkbox"/> Water Ski (traditional)
<input type="checkbox"/> Wakesurf	<input type="checkbox"/> Wakeboard	<input type="checkbox"/> Kneeboard
<input type="checkbox"/> Disabled	<input type="checkbox"/> Hydrofoil	<input type="checkbox"/> Show Ski

Send Entries to:

Name: \_\_\_\_\_ Entry Limit: \_\_\_\_\_

Address: \_\_\_\_\_ Entry Fees \$: \_\_\_\_\_

City/St/Zip: \_\_\_\_\_ Deadline: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_ Late Fee \$: \_\_\_\_\_

## CLUB INFORMATION

Club Name: \_\_\_\_\_ Club Number: \_\_\_\_\_

Tournament Director: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Address: \_\_\_\_\_ City/St/Zip: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**SAFETY OFFICIAL**

Name: \_\_\_\_\_ Member ID: \_\_\_\_\_

**RACE CHAIRMAN**

Name: \_\_\_\_\_ Member ID: \_\_\_\_\_

**PERMIT INFORMATION**

Agency's Name for Permit: \_\_\_\_\_

Date Permit Applied For \_\_\_\_\_ Date Permit Received \_\_\_\_\_

If Not Received, Provide Expected Date \_\_\_\_\_

Any Other Permits Needed?    Yes    No    If Yes, provide details (Name of Agency, Date Applied for, etc.):

\_\_\_\_\_  
\_\_\_\_\_

**SIGNING FOR THE ORGANIZING CLUB:**

Printed Name \_\_\_\_\_

Official Position \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Contact Phone \_\_\_\_\_

E-Mail \_\_\_\_\_