



**LIFESAVING SOCIETY**  
*The Lifeguarding Experts*

**APPLICATION TO SANCTION COMPETITIONS**

1. The Host Competition package should include this approved application to inform competitors that the competition is sanctioned.
2. Certified Officials must be assigned positions for Sanctioned Events. The Certified Referee and Meet Manager must be named at the time of application.
3. A copy of the Host Competition package with Schedule of Events must be received with this application.
4. The Competition Host will ensure that all competitors are affiliated with the Lifesaving Society (hold a minimum of a current Bronze Medallion or be registered in a Lifesaving Society training program).
5. Sanctioned competitions must adhere to current competition manual rules.

Name of Competition \_\_\_\_\_

Host Club/Affiliate \_\_\_\_\_ Meet Date \_\_\_\_\_

Primary Location Name & Address \_\_\_\_\_

Additional Location Names: \_\_\_\_\_

Meet Manager (Level 1 or higher): \_\_\_\_\_ Certified at Level: \_\_\_\_\_

Meet Referee (Level 1 or higher): \_\_\_\_\_ Certified at Level: \_\_\_\_\_

Application submitted by \_\_\_\_\_ Daytime Phone Number: \_\_\_\_\_

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

Date Submitted: \_\_\_\_\_ Applicant's Signature: \_\_\_\_\_

(For Office Use Only)		
<input type="checkbox"/> Affiliate Approval	<input type="checkbox"/> Meet Manager Approval	<input type="checkbox"/> Meet Referee Approval
Application: Approved: _____	Denied: _____	
Comments: _____		
Approval Date: _____	Lifesaving Society: _____	
(Event Management Chair or designate)		

Please return completed application to:

Lifesaving Society

400 Consumers Road Toronto, ON M2J 1P8

Phone: 416-490-8844 Fax: 416-490-8766 Email: sport@lifeguarding.com



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## SANCTIONED COMPETITIONS FINANCIAL REPORT

Return completed form to the Lifesaving Society office within seven (7) days of the competition.

Name of Competition \_\_\_\_\_

Host Club/ Affiliate \_\_\_\_\_ Meet Date \_\_\_\_\_

Number of Competitors Participating: \_\_\_\_\_

Number of Clubs/Affiliates Participating: \_\_\_\_\_

Flat rate per Competitor Fee

Number of Competitors \_\_\_\_\_ x \$2.00 = \$ \_\_\_\_\_

Total Due \$ \_\_\_\_\_

(Price includes GST)

Return financial report with payment in full – Purchase Order, Cheque (payable to the Lifesaving Society), money order, VISA, MasterCard, or American Express – to:

Lifesaving Society

400 Consumers Road Toronto, ON M2J 1P8

Phone: 416-490-8844 Fax: 416-490-8766 Email: sport@lifeguarding.com

Invoice       Cheque       Credit Card

Credit Card: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

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