



LIFESAVING SOCIETY  
*The Lifeguarding Experts*

## APPLICATION TO SANCTION COMPETITIONS

| Included | Item                           |
|----------|--------------------------------|
|          | Draft host competition package |

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

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

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

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

Meet Manager: \_\_\_\_\_ Certification Date: \_\_\_\_\_

Chief Referee: \_\_\_\_\_ Certification Date: \_\_\_\_\_

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

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

By submitting this application, I am confirming Lifesaving Sport events can be held at the identified facility safely and to the facility standards as described.

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

Event Details:

|  |     |    |
|--|-----|----|
| LSS issued Certificate of Insurance required | Yes | No |
| Promotions requested                         | Yes | No |
| Full Event Sanctioning requested             | Yes | No |

Events for Sanctioning:

| Event Name (please use event name as listed in competition manual) | Office Use Only |              |
|--|-----------------|--------------|
|  | Approved        | Not Approved |
|  |                 |              |
|  |                 |              |
|  |                 |              |
|  |                 |              |
|  |                 |              |
|  |                 |              |
|  |                 |              |
|  |                 |              |

(For Office Use Only)

Affiliate Approval     
  Meet Manager Approval     
  Chief Referee Approval  
 Application Approved     
  Application Denied  
 Promotions     
  Certificate of Insurance     
  Letter

Comments: \_\_\_\_\_

Approval Date: \_\_\_\_\_     
 Lifesaving Society: \_\_\_\_\_  
Lifesaving Sport Director 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

## POST-COMPETITION FINANCIAL REPORT

We hope you had a great event! Please return completed form to the Lifesaving Society office within 14 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 \$2.20 = \$ \_\_\_\_\_

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: \_\_\_\_\_