



NGA Sanction Application Free for 2021-22 Season

Choose Event Type: Live Virtual

Virtual:

Name of Virtual Scoring Company if not GotScored (must be approved by NGA)

Name of Virtual Company: _____

Telephone: _____ Email: _____

Live:

Event Name: _____

Event Type: Local State Invitational Regional National Clinic Exhibition

Discipline: Women- Levels: 1N 2N SN 3N 4N GN 5N

6N PN 7N 8N DN 9N 10N

Men- Levels: 1N 2N 3N 4N 5N 6N 7N 8N D 9N 10N

Start Date (includes set up day) _____ End Date (includes tear down day) _____

Competition Start Date: _____ End Date: _____

Location of Event: _____

Address If Outside Facility: _____

Host Club: Name _____ Phone: _____

Email: _____ Website: _____

Address: _____ City: _____, State: _____, Zip _____

*Meet Director: First Name: _____ Last Name: _____ Member #: _____

Email: _____ Cell Phone: _____

*Co-Meet Director: First Name: _____ Last Name: _____ Member #: _____

Email: _____ Cell Phone: _____

*Meet Contact: First Name: _____ Last Name: _____ Member #: _____

Email: _____ Cell Phone: _____

AllGymnastics Registration Link: _____

*Meet Director must be a current NGA member with currently approved background, Abuse Prevention and Concussion Protocol Training Certification on record.

MEET DIRECTOR AGREEMENT - As the designated Meet Director,

I understand and agree to abide by the NGA's The Rule Book

Initials _____

(complete on back)

I agree to verify all athlete memberships/levels, and Coaches/Judges memberships and certifications prior to the event. I further agree that any members NOT pre-registered for this event will be verified

before the start of the event and will not be allowed on the floor without proper membership/certification.

Initials _____

I understand that no person ineligible for membership with NGA or on the banned/suspended list of any other organization or on a sex offenders registry will be allowed on the floor of the event including, but not limited to volunteers, photographers, vendors.

Initials _____

NGA insured events may not be held in conjunction with any other sanctioned/non-sanctioned event during the specified time of the NGA event.

Initials _____

Within 72 hours of the close of the event, all reporting information will be completed online as stated in the instructions for hosting a NGA event.

Initials _____

By signing below, I have agreed to follow the above requirements and understand that failure to do so may result in loss of scores and further sanctioning privileges.

SIGNED: First: _____ Last: _____ Member #: _____

After Event to Complete Sanction
Numbers that competed by level

Discipline: Women- Levels: 1N 2N SN 3N 4N GN 5N
6N PN 7N 8N DN 9N 10N
 Men- Levels: 1N 2N 3N 4N 5N
6N 7N 8N 9N 10N

Day 1 – Start Time _____ / End Time _____

Day 2 – Start Time _____ / End Time _____

Day 3 – Start Time _____ / End Time _____

Injury Forms Completed for:

Comments: