

Date Received _____ / _____ / _____

Assoc. Sanction # _____

National Control # _____

N.O. Signature _____



Association Contact Information:

(This section must be completed by the Association before a refund is issued)

USA TRACK & FIELD SANCTION POST-EVENT REPORT FORM

All USATF Sanction Holders are required to submit this form to their local Association within fifteen (15) days after the event. If the sanction is for a series of events, the form must be submitted within fifteen (15) days of the final event of the series. Events that fail to submit this report will be ineligible for a refund of overpaid sanction fees and are subject to denial of future sanction requests. Holders of an Elite Sanction must also submit required paperwork to the USATF National Office. (See Sanction Form and instructions regarding Elite Sanctions).

If a record is set at your event (road races on a certified course) you should obtain an "Application for Record" from www.usatf.org. You should also electronically send your results to USATF. Results submission information is available at www.usatf.org/groups/EventDirectors/

Name of event _____ Date(s) of Event _____

Site of event _____ City, State _____

Organizer of Event _____

- Check if appropriate:
- We adhered to USATF rules regarding safety precautions, medical supervision, athlete eligibility, officials, USATF name & logo use and course certification (as applicable).
 - All prizes and awards described in the entry information were awarded as promised.
 - Prize money is being held for athletes who were drug tested.
 - Please send me a First Report of Incident form.
 - Results have been submitted to USATF. Visit www.usatf.org/groups/eventDirectors/ for instructions on how to submit electronic results.

Pre-event estimate number of finishers: _____ Actual Number: _____

Sanction Fees Paid Prior to the event: Association \$ _____ Should have been \$ _____
 National \$ _____ Should have been \$ _____

- Check the appropriate box:
- Please refund me \$ _____
 - Enclosed is additional payment of \$ _____
 - Pre-event estimates were accurate and no further exchange of payment is necessary

Note: Refunds of overpaid sanction fees will not be paid without a copy of the results. Enclose a copy of the results or indicate a website where the results can be found. **www.** _____.

Please make check payable to:

Name _____ Telephone Number () _____

Address _____ City, State, Zip _____

Email _____ Fax Number () _____

Signature _____ Date _____

<p>For Association Office Use Only</p> <p><input type="checkbox"/> Send national fee reimbursement directly to the event.</p> <p><input type="checkbox"/> Send reimbursement for the national fee to our office as we have already reimbursed the event.</p>
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