

GEORGIA HIGH SCHOOL ASSOCIATION

P.O. Box 271

Thomaston, Georgia 30286

706-647-7473 / 647-5222

FAX: 706-647-2638

APPLICATION FOR SANCTION OF EVENT

Initiated by GHSA host school when inviting Georgia Schools and/or Border States Schools.

Initiated by GHSA host school at least 30 days prior to the event.

(If non-border states are invited see National Federation Sanction Form for rules.)

|  |  |
|--|--|
| Date of application: _____                       | Meet managed by: _____   |
| Host school and city: _____                      | Entry fee: _____   |
| Name of event: _____                             | Admission charge:            Yes            No                       |
| Date of event: _____                             | Maximum value of awards: _____                                       |
| Sport / Activity: _____                          | Number of schools invited: _____                                     |
| Start time of event: _____                       |  |
| Start time of each game: _____                   |  |
| _____  | Border states invited: (attach list of schools and addresses.) _____ |
| _____  |  |
| (attach separate sheet if more space is needed.) | <b>(**Principal's Signature**)</b>                                   |

1. Each school guarantees its membership is in good standing in its own state high school association and also guarantees that participation in this contest shall not violate any standard of that association. The sanction is void if such membership has been terminated or if participation is found to be contrary to the state or national rules.
2. Each participant shall be eligible under the rules of his or her home state association.
3. Awards shall be limited to those permitted by the state association with the most restrictive award rule.
4. No entry shall be accepted for any competitor from any state or section not included in the list of states from which sanction is received.

**GHSA Endorsement**

**Border State Endorsement**

APPROVED       DISAPPROVED

APPROVED       DISAPPROVED

NO JURISDICTION

Dr. Ralph Swearngin, Executive Director

Sanction Officer

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

State: \_\_\_\_\_ Date: \_\_\_\_\_

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

Any of our schools             Specify

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_