

SANTIONING FORM

Instructions: Please complete this form for sanctioning your ride. The information contained on this form will be used as the listing on our ride sheet. Flyers will be on website. Competitive rides will have score sheets sent to them after payment of fees. A copy of OAATS rules can be obtained from the web site.



| | | | | | | | |
|--|--|---------|----------------------|-------------------------|--------------------------------|--------------------------|---------------------------|
| Name of Ride | | | | Dates of Ride | | | |
| Ride Manager Name | | | | Location | | | |
| Competition Details | Day 1 Date: _____ | | Day 2 Date: _____ | | Day 3 Date: _____ | | Additional Days Dates: |
| Indicate each mileage that you will be holding on that day. Indicate whether it is Competitive or Endurance mileage in C or E column If mileage is part of an elevator or multi day ride indicate with an arrow to the next day. Novice rides should be noted with a N in C or E column | C or E | Mileage | C or E | Mileage | C or E | Mileage | Details |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Example: Competitive elevator ride | C | 25 → | C | 25 | | | |
| Fees: \$20 (includes all distances included in ride name/weekend). | \$20 | | | | | | |
| INFORMATION TO BE INCLUDED ON RIDE LISTING (Please include anything pertinent) | | | | Contact Name | | Contact Phone No. | |
| | | | | Special Instructions | | Contact e-mail | |
| | | | | Nearest City | | State (Location of Ride) | |
| FLYERS (Will be included on web site ONLY, if you want OAATS website to include your link please indicate) | _____ Yes, I want my flyer on the website or here is my link _____ Flyer will be _____ enclosed _____ mailed later _____ e-mailed (to CS4Winds@aol.com) | | | | | | |
| INSURANCE (Optional) Be sure to name all co-insured property owners. | _____ Yes I desire _____ event days of insurance @ \$61 per day plus \$20 per CO-Insured CO Insured are: _____ _____ | | | | Insurance Event Day Cost Total | | |
| | | | | CO Insured Total Costs: | | | |
| Total Costs: \$20 Sanctioning fee plus Insurance | | | | | | | |

Total insurance & sanctioning fee and make check payable to: OAATS. Send form, check, and flyer copy to: Carolyn Sullivan, 3178 Revere Rd, Richfield, OH 44286 **Before FEBRUARY 1, of Ride Year.**

RIDE WILL NOT BE INCLUDED IN RIDE LIST IF SANCTIONING FEE IS NOT INCLUDED.

Rides can be sanctioned after the mailing goes out but you must pay for mailing costs to the distance program participants and will miss the additional advertising that our mailing gets and your ride might not be listed on our web site. If you cancel your ride, you will be charged mailing costs to the distance program participants.

Signature of Ride Sanctioning Submitter _____ Phone No _____ e-mail address _____ Date _____