



## EVENT SANCTION APPLICATION

Local making application: \_\_\_\_\_ Name of Event: \_\_\_\_\_ Date of Event: \_\_\_\_\_

Person filing application: \_\_\_\_\_ Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

Your E-mail Address: \_\_\_\_\_ Event Person's E-mail: \_\_\_\_\_

Person responsible for event: \_\_\_\_\_ Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

This event is a fundraiser for: (circle one) \*Local only \* General Fund \* PAC/FORR® \* Rider's Ed \* Other

(if other, please explain) \_\_\_\_\_

Is the name 'Freedom of Road Riders® , Inc., to be used in advertising this event? (circle one) YES NO

Is the 'Wing Wheel' logo to be used in advertising this event? (circle one) YES NO

Will this be an AMA sanctioned event? (circle one) YES NO

This event will be (circle one) held or started at:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

This event will end at:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

List all co-sponsors: Use separate sheet if necessary.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

List those to be Additional Insured: Use separate sheet if necessary.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

Is the above the Property Owner? YES \_\_\_ NO \_\_\_

Does the Local have proper release forms? (FORR® or AMA only) (circle) YES \_\_\_ NO \_\_\_

Type of event: (circle all that apply) Party/Dance Political Function Poker Run M/C Rodeo/Field Meet

M/C Show Children's games Dirt/Drag races Other (explain): \_\_\_\_\_

Will any type of alcohol be served during the event? YES \_\_\_ NO \_\_\_

By whom? Name: \_\_\_\_\_ Do they have all required licenses? YES \_\_\_ NO \_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

Are they the Property Owner: YES \_\_\_ NO \_\_\_

Amount of liability coverage requested: Please check normal  or million

Complete form and return to: FORR, Inc. – General Office, 1424 Estate Drive, Bates City, MO 64011-8417

OFFICE USE ONLY \_\_\_\_\_

Approved / Not Approved (circle one) Authorized Signature