



Cross Country Alberta Event Sanction Form

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| Club Name: | |
| Contact Person: | |
| Event Contact Mailing Address: | |
| Event Contact Phone Number: (home) | (other) |
| Event Contact Fax Number: | E mail: |
| Name of Event: | |
| Date Of Event: | Expected #'s: |
| Event Site: | |
| | |
| Social or Banquet? Yes No | Alcohol to be Served? No Yes |
| Location of Banquet: | |
| Sponsors/Landowners to be named as additional named insurance (name, contact, and address) must be provided on separate page attached to this form. Any landowners and/or sponsors that do not have their contact name and address submitted will not be considered under the insurance coverage for your event. Please indicate whether these land owners will require a formal insurance certificate for their records on the separate page attached. | |
| On behalf of the Event Organizing Committee, I have read the Cross Country Canada Liability Insurance Manual, the Alberta Cup Technical Package, and agree to follow the outlined guidelines as well as to ensure that every participant will sign an appropriate event waiver. I sign below confirming these facts to be true. | |
| Event Chairperson (or Club Chairperson): | Date: |
| NOTES: Event must be registered using this form to be eligible for provincial insurance coverage. Additionally, the event's official results must be submitted to the CCA office within 1 week of the completion of the event. | |
| Submit to: Cross Country Alberta, 11759 Groat Road – Edmonton, AB – T5M 3K6 Fax to: 780-427-0524 | |

Please sign and fax (780-427-0524) this page back to CCA as soon as you have the date set for your event and then send original via regular mail. This confirms the date, basic event info and contact information.