OKLAHOMA SECONDARY SCHOOL ACTIVITIES ASSOCIATION PO BOX 14590 OKLAHOMA CITY OK. 73113-0590

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Interstate Non-Athletic Sanction Application

(NON-SCHOOL GROUPS MUST SUPPLY A CERTIFICATE OF INSURANCE AND BE CO-SPONSORED BY A SCHOOL OR AN APPROVED ORGANIZATION IN ORDER TO BE CONSIDERED FOR SANCTIONING.)

NOTE: Applications are to be initiated by the sponsoring organization no later than 30 DAYS PRIOR TO THE DATE of the competition. Invitations to schools should not be issued until event is approved. (Please print or type.)

 I hereby apply for sanction of: 			Date of Application:		
Name of Event/Activity:		Activity:	Activity:		
To be held on: Month	Date				
Scheduled to begin at: The event will be managed by: Name of organization conducting ev	a.m. p.m.		eduled to conclude at:a.m.	p.m.	
City					
Manager:			-		
We desire to invite schools from th					
Maximum number of schools whice	•		Fahrufaan (if ama)		
Maximum value of awards/type (if			Entry fees, (if any):		
Is this event: Championship Forma				NO	
Is this event: a qualifying event for	further participation?	Yes N	0		
 No entry shall be accepted for any received. Agreement: It is agreed to include on students entered are eligible to represer Signed:	the out-of-state entry form a nt the school according to the by, shall be signed by school ad	statement to be signed Rules of invited state's A Official I	d by the Principal or Superinten Activities Association or governing Position:	dent that all g body.	
	APPROVAL OF HOST S	STATE ASSOCIATION			
recommend that this event be _	(SANCTIONED)	(NOT SANCTION	ED).		
Signature of State Executive:		Date	e:State	e:	
(If the event is sanctioned, the OSSAA OSSAA will return the form to the applic	will send a copy to each state ant.)	e association named in a	application. If the event is not sar	nctioned, the	
	ENDORSEMENT OF	INVITED STATES			
We ENDORSE;	DO NOT ENDORSE	; HAVE	NO JURISDICTION OVER the	event for :	
Any of our schools; School	ols within miles;	or (Specify)			
or approval before they are forwarded t	to the event manager.		oility lists for contest direct to our	r state office	
Comment:					
Signed:		Date:	State:		