					—
Date Received//_				Association Contact Information:	
Assoc. Sanction #					
National Control #					
N.O. Signature			V	/	
<u></u>					
		USA TRA	CK & F	IELD SANCTION	
		POST-	EVENT F	REPORT FORM	
the sanction is for a series of which fail to submit this repe	of ever ort wi e San	nts, the form must ll be ineligible for ction must also s	st be submitted or a refund of o	their local Association within fifteen (15) days after the event within fifteen (15) days of the final event of the series. Even everpaid sanction fees and are subject to denial of future sancted paperwork to the USATF National Office. (See Sanction Formatter)	ents tion
Events run on a certified co State Record Keeper or you Cerralvo, Santa Barbara, CA	ır loc	al Association a	n "Application nd submit it to	for Recognition of a Road Race Performance" from either yo the USATF Road Running Information Center, 5522 Cam	our ino
Name of event	Date(s) of Event				_
Site of event	event City, State				
Organizer of Event					
Contact Name				Contact Telephone Number ()	_
Contact Address City, State, Zip					
Contact Email				Contact Fax Number ()	_
Web Site (If any) where resu	lts car	be found			_
Check if appropriate:		We adhered to USATF rules regarding safety precautions, medical supervision, athlete eligibility, officials, USATF name & logo use and course certification (as applicable).			
		All prizes and awards described in the entry information was awarded as promised.			
		Prize money is being held for athletes who were drug tested.			
		Enclosed is a copy of race/event results.			
		Results have been sent to the Road Race Information Center.			
Pre-event estimate of number	r of fin	nishers	Actual Num	ber	
Sanction Fees Paid Prior to t	he eve	ent:			
		Association	\$	Should have been \$	
		National	\$	Should have been \$	
Note: Refunds of overpaid s	anctic	on fees will not b	e paid without	a copy of the results.	
Check the appropriate box:		Please refund me \$			
		Enclosed is add	litional paymer	nt of \$	
		Pre-event estim	nt estimates were accurate and no further exchange of payment is necessary		
If there were any injuries or a Incidents Report Form by che		-	f athletes, spect	tators, or others at your event, please request a Claims &	
<u>-</u>			a Claims & Inc	cidents Report Form	
				_	
Signature				Date	