



REQUEST FOR  
OBSTACLE CHALLENGE  
EVENT SANCTION

TODAY'S DATE \_\_\_\_\_

EVENT SPONSOR \_\_\_\_\_

If applicable, CSHA membership type: Individual \_\_\_\_\_ Club \_\_\_\_\_ Region \_\_\_\_\_

DATE OF EVENT: \_\_\_\_\_ RAIN DATE: \_\_\_\_\_

NAME OF EVENT FOR WEBSITE: \_\_\_\_\_

EVENT MANAGER:

Name: \_\_\_\_\_ Club: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

DURATION OF EVENT IN MILES OR HOURS: \_\_\_\_\_

ADDRESS OF EVENT (Include Directions)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NAME OF INSURANCE PROVIDER FOR THIS EVENT: \_\_\_\_\_

Contact your Region Chairman for the sanction fee required in your Region.

For contact information. The State sanction fee is \$25.00. To request sanctions of an event, the Region Chairman must submit the appropriate sanction forms and fees to the State sanctioning person. State benefit Obstacle Challenges must also be sanctioned but do not require a fee. Incomplete forms will be returned.

**State Obstacle Challenge Sanctioning Chairman:** Gail Bloxham, 18550 Evergreen Rd., Cottonwood, CA.96022

Approved by Region Chair: \_\_\_\_\_ Date: \_\_\_\_\_

**State Sanction Office Use Only**

Date Received: \_\_\_\_\_ CK# \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Approved by State Chair: \_\_\_\_\_ Date: \_\_\_\_\_