



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

State Sanction Office Use Only

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

Approved by Region Chair: _____