



EVENT SANCTION APPLICATION

Local making application: _____ Name of Event: _____ Date of Event: _____ Rain Date: _____

Person filing application: _____ Phone: _____ FAX: _____

Address: _____ City: _____ State: _____ Zip: _____

Your E-mail Address: _____ Event Person's E-mail: _____

Person responsible for event: _____ Phone: _____ FAX: _____

Address: _____ City: _____ State: _____ Zip: _____

This event is a fundraiser for: (circle one) *Local only * General Fund * PAC/FORR® * Rider's Ed *

Other (if other, please explain) _____

Is the name 'Freedom of Road Riders®', to be used in advertising this event? (check one) YES NO

Is the 'Wing Wheel' logo to be used in advertising this event? (check one) YES NO

Will this be an AMA sanctioned event? (check one) YES NO

This event will be (circle one) held or started at:

Name: _____ Phone: _____ FAX: _____

Address: _____ City: _____ State: _____ Zip: _____

This event will end at:

Name: _____ Phone: _____ FAX: _____

Address: _____ City: _____ State: _____ Zip: _____

List all co-sponsors: Use separate sheet if necessary.

Name: _____ Phone: _____ FAX: _____

Address: _____ City: _____ State: _____ Zip: _____

List those to be Additional Insured: Use separate sheet if necessary.

Name: _____ Phone: _____ FAX: _____

Address: _____ City: _____ State: _____ Zip: _____

Certificate of Insurance Required? _____ Fax number if applicable: _____

Is the above the Property Owner? YES _____ NO _____

Does the Local have proper release forms? (FORR® or AMA only) (check) YES NO

Type of event: (circle all that apply) Party/Dance Political Function Poker Run M/C Rodeo/Field Meet

M/C Show Children's games Dirt/Drag races Other (explain): _____

Will any type of alcohol be served during the event? YES NO

By whom? Name: _____ Do they have all required licenses? YES NO

Address: _____ City: _____ State: _____ Zip: _____

Are they the Property Owner: YES NO

Amount of liability coverage requested: Please check normal or million

Complete form and return to: FORR, Inc. – General Office, 1424 Estate Drive, Bates City, MO 64011-8417

OFFICE USE ONLY _____

Approved / Not Approved (circle one) Authorized Signature _____ **Last update March 2010**