



OFFICIAL SANCTION REQUEST

PLEASE FORWARD TO PROVINCIAL SANCTION OFFICER FOR PROCESSING.

NOTE: All Sanction Requests must be processed through your Provincial Sanction Officer.

DO NOT forward directly to the CBTF Sanction Officer.

Name of Event: _____

Location of Event: _____

Date(s) of Event: _____ Time(s): _____

THE UNDERSIGNED HEREBY MAKES APPLICATION to the Canadian Baton Twirling Federation (CBTF) for a Sanction to conduct the above event in accordance with the laws, Rules and Regulations of the CBTF. Please refer to the CBTF Technical Reference Manual & CBTF Competition Manual for further information.

Name of Organization Hosting the Event: _____

Event Director: _____

Director's Address: _____ City/Town: _____ Postal Code: _____

Phone: _____ Email Address: _____

Please List:

Clinician(s): _____

Adjudicator(s): _____ Course Conductor(s): _____

THE UNDERSIGNED DO HEREIN ENCLOSE the applicable SANCTION FEE made payable to the: Canadian Baton Twirling Federation. NOTE: A LATE FEE OF DOUBLE THE SANCTION AMOUNT will be charged for any competition requests that are postmarked later than EIGHT (8) weeks before the date of the competition. NO EXCEPTIONS!

Fees apply to EACH event. Please select type of event.

No Charge	Lessons Seminars Conferences Closed or Studio Competition* (Type C)	Performances Adjudicator Course SDP Exams	Parades Coaching Course Fundraising Events	Demonstrations Judging Course Meetings
\$10 <small>per calendar day</small>	Clinic	Workshop		
\$30	Open Competition* (Type B)			
\$30	Open Competition* (Type B) with COVID-related facility capacity restrictions			
\$35	Provincial Championship* (Type A)			
\$35	Provincial Team Trials* (Type A)			
\$150	North American, International, Invitational Competition* (Type A)			

*Competitions are to indicate the phase type: _____

Signature – Event/Competition Director: _____

Signature - Provincial Chairperson or PSO: _____

FOR CBTF NATIONAL OFFICE USE ONLY:

Date Received: _____

Cheque # _____

Sanction # _____

Signature NSO _____

FOR PROVINCIAL OFFICE USE ONLY:

Date Received: _____

Cheque # _____

Sanction # _____

Signature PSO _____