



USHPA SANCTION APPLICATION

United States Hang Gliding and Paragliding Association, Inc. • PO Box 1330, Colorado Springs, CO, 80901-1330, 719-632-8300,
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Sanction Application

This application will be evaluated by the USHPA Competition Committee at the Spring or Fall Board of Directors Meeting. Championship bid application will be evaluated at the Fall Board meeting only. See enclosed Schedule of Competition Due Dates for other due dates of fees and forms.

Fees

1. Sanction Fee: **Aerobatics - \$25** **All Others - \$100**
2. Performance Bond (100% of bond may be refunded after meet): **\$250.00**

Credit Card Number: _____ Exp Date: _____

Competition Information

Competition Title _____

Comp. Organizer _____

Preferred Dates _____ (Other Dates Required Below)

Email Address _____ Phone Number _____

	<u>Wing(s)</u>	<u>Size/Scope</u>	<u>Discipline</u>
Competition Type <i>(Check all that apply)</i>	<input type="checkbox"/> Class 1 Flex Wing <input type="checkbox"/> Class 2 Fixed Wing <input type="checkbox"/> Class 3 Paraglider <input type="checkbox"/> Class 4 Open (fairings) <input type="checkbox"/> Class 5 No fairings <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Championships <input type="checkbox"/> Regionals <input type="checkbox"/> Local <input type="checkbox"/> Worlds <input type="checkbox"/> Women Only <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Race to Goal <input type="checkbox"/> Speed Gliding <input type="checkbox"/> Open Distance <input type="checkbox"/> Aerobatics <input type="checkbox"/> Aerotow <input type="checkbox"/> Other (specify)

Preferred Dates _____ Site 1 _____

Practice Dates _____ Site 2 _____

Rain Dates _____ Site 3 _____

Registration Open and Close Dates _____ Meet HQ Location _____

Meet Director _____ Safety Director _____

Contestant Requirements _____

Scoring System GAP or Other (Attach Copy) Method of Flight Verification _____

Max/Min # of Rounds _____ Contestant Entry Fee _____

Total Prize Money _____ Other Awards _____

Funding and Insurance

Funding Amount Available to Promote Event _____ Funding Source Entry Fees Sponsor(s) Underwritten by: _____

*Optional Event Insurance is available at additional cost through USHPA.
Please refer to the enclosed "USHPA Sanctioned Event Insurance" form for pricing information.*