Date Received ___/___/_____
Assoc. Sanction #_____
National Control #_____
N.O. Signature _____

Association Contact Information:
USATF Florida Assn.
2336-Urban-Road
Jacksonville-FL-32210

(This section must be completed by the Association before a refund is issued)

USA TRACK & FIELD SANCTION
POST-EVENT REPORT FORM

All USATF Sanction Holders are required to submit this form to their local Association within fifteen (15) days after the event. If the sanction is for a series of events, the form must be submitted within fifteen (15) days of the final event of the series. Events that fail to submit this report will be ineligible for a refund of overpaid sanction fees and are subject to denial of future sanction requests. Holders of an Elite Sanction must also submit required paperwork to the USATF National Office. (See Sanction Form and instructions regarding Elite Sanctions).

If a record is set at your race on a certified road course you should obtain an "Application for Recognition of a Road Race Performance" from www.usatf.org You should also electronically send your results to USATF for inclusion in the new USATF State Rankings. Results submission information is available at www.usatf.org/groups/EventDirectors/

Name of event _____ Date(s) of Event _____

Site of event _____ City, State _____

Organizer of Event _____

Check if appropriate:

- ☐ We adhered to USATF rules regarding safety precautions, medical supervision, athlete eligibility, officials, USATF name & logo use and course certification (as applicable).
- ☐ All prizes and awards described in the entry information was awarded as promised.
- ☐ Prize money is being held for athletes who were drug tested.
- ☐ Please send me a First Report of Incident form.
- ☐ Results have been submitted to USATF. Visit www.usatf.org/groups/eventDirectors/ for instructions on how to submit electronic results. Results from events run on USATF certified courses will be included in the USATF State Rankings.

Pre-event estimate number of finishers _____ Actual Number _____

Sanction Fees Paid Prior to the event:
Association $_____ Should have been $_____
National $_____ Should have been $_____

Check the appropriate box:

- ☐ Please refund me $_____
- ☐ Enclosed is additional payment of $_____
- ☐ Pre-event estimates were accurate and no further exchange of payment is necessary

Note: Refunds of overpaid sanction fees will not be paid without a copy of the results. Enclose a copy of the results or indicate a website where the results can be found www._____

Please make check payable to :

Name _____ Telephone Number ( ) _____

Address _____ City, State, Zip _____

Email _____ Fax Number ( ) _____

Signature_____ Date _____

For Association Office Use Only

- ☐ Send national fee reimbursement directly to the event.
- ☐ Send reimbursement for the national fee to our office as we have already reimbursed the event.

Rev. 11/04