



Gymnastics
New South Wales

2010 SANCTION EVENT REPORT

To be completed following the competition and a copy sent to your SO & GNSW.



Gymnastics
New South Wales

Event Name/location:			
Event Date:			
TOTAL number of competitors:			TOTAL number of spectators: (Approximate figure)
Email results provided: (please tick)	<input type="checkbox"/>		
Judges list provided: (please tick)	<input type="checkbox"/>		
Accident reports included: (please tick)	<input type="checkbox"/>		
Only clubs that are affiliate members of Gymnastics NSW participated in the competition			
(please tick)	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Additional comments:			

I certify that this event was conducted according to Gymnastics New South Wales competition rules and policies. I confirm that only athletes representing an affiliate member of Gymnastics NSW participated in the competition. I confirm that a copy of the event results, list of judges that judged at the event (including the sessions that they judged), and a copy of any accident reports from accidents that occurred at the competition is enclosed or has been emailed to the SO. I understand that failure to return this report, failure to return the event results and list of judges and the sessions judged, or violations of the rules or policies could mean that the competition is no longer sanctioned.

Signature of Event Organiser _____ **Date** _____

Name of Event Organiser _____

SANCTION OFFICER CHECK:		
NAME	DATE:	SIGNATURE: