



BC ATHLETICS – HERSHEY’S TRACK AND FIELD GAMES APPLICATION for APPROVAL

Fees include HST (#127293264) - payable to BC Athletics
 Complete and return with payment to BC Athletics

Post Event Submission Forms are required for all approved events and are due 30 days after the completion of the event.

EVENT DETAILS:

Name:	
Date:	
Time:	
Location:	
Host Organization:	
Event Leader:	
Leader Tel:	
Leader Email:	

EVENTS BEING OFFERED (CHECK ALL THAT APPLY):

AGES 9 & 10	
50-meter Dash	
100-meter Dash	
600-meter Run	
1000-meter Run	
4x100 meter Relay	
Standing Long Jump	
Softball Throw	

AGES 11 & 12	
100-meter Dash	
200-meter Dash	
600-meter Dash	
1000-meter Run	
4x100 meter Relay	
Standing Long Jump	
Softball Throw	

AGES 13 & 14	
100-meter Dash	
200-meter Dash	
800-meter Run	
1200-meter Run	
4x100 meter Relay	
Standing Long Jump	
Softball Throw	

RISK MANAGEMENT:

First Aid Coordinator:	
Nearest Medical Facility:	
Distance to Facility:	
Transportation provided by:	
<i>Please provide a copy of your Emergency Action Plan upon submission.</i>	

Please list any groups that require to be listed as “Additional Insured” i.e Facility Owners (with contact name and email & fax #)

Are you going to offer a Run Jump Throw / Track Rascals demo at your event? YES or NO
 Are you going to participate in the ‘Nike Reuse-A-Shoe Program’? YES or NO
 Is this event being held in Conjunction with any other events? YES or NO

POST EVENT SUBMISSION FORMS

All BC Athletics sanctioned events are required to submit a Post Event Submission Form within 30 days of the completion of their event. An online version of the form is available on the BC Athletics website under the "Event Directors" link at <http://www.bcathletics.org/main/resources.htm#resources> The form can be filled out on-line and printed to submit with payment.

PAYMENT INFORMATION

\$8.40 – Approval Application Fee

VISA /MC/Amex Cheque/MO Cash

Card #: _____

Exp. Date: _____

Cardholder:

Signature:

BC ATHLETICS USE

The above HTFG event on _____ HAS or HAS NOT Been approved..

Signature: _____

Date: _____

Complete and return to:

BC ATHLETICS
120-3820 Cessna Drive
Richmond BC V7B 0A2

Fax: 604.333.3551
E: Taunya.geelhoed (at) bcathletics.org

www.bcathletics.org