



Track & Field, Cross Country, Road Running

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Sanction Application for Track & Field and/or Cross Country Meets

Please complete the following Sanction Application and return to the Athletics Alberta office

Fees payable to Athletics Alberta: Track & Field sanction - \$100 Cross Country sanction - \$50



Do you wish to be considered in hosting a Provincial Championship? Yes No

Event Name: _____

Age Groups: _____

Venue: _____

Venue Address: _____
(Street) (City) (Postal Code)

Proposed Date: _____ Start Time: _____

Alternate Date: _____

Event Email: _____

Website: _____

Administration

Club/ Non-profit society/ recognized approved organization requesting sanction:

Meet Director: _____

Address: _____
(Street) (City) (Postal Code)

Phone: _____ Bus/ Fax: _____

Email: _____

Volunteers Coordinator: _____

Address: _____
(Street) (City) (Postal Code)

Phone: _____ Bus/ Fax: _____

Email: _____

Entries Coordinator: _____

Address: _____
(Street) (City) (Postal Code)

Phone: _____ Bus/ Fax: _____

Email: _____

Officials Coordinator: _____

Address: _____
(Street) (City) (Postal Code)

Phone: _____ Bus/ Fax: _____

Email: _____

Meet Details

Changing room Locations: _____

Details of Medals, Prizes: _____

Proposed Scale of Entry Fees: _____

- Type of Event:
- | | |
|---|---|
| <input type="checkbox"/> Track & Field | <input type="checkbox"/> Cross Country |
| <input type="checkbox"/> Regular | <input type="checkbox"/> Regular |
| <input type="checkbox"/> Championships | <input type="checkbox"/> Championships |
| <input type="checkbox"/> Combined Events | <input type="checkbox"/> Combined Events |
| <input type="checkbox"/> High Performance | <input type="checkbox"/> High Performance |
| <input type="checkbox"/> All-Comers | <input type="checkbox"/> All-Comers |
| <input type="checkbox"/> Series | <input type="checkbox"/> Series |

Medical Support

Who will be providing
medical support at the
competition: _____

Qualifications: _____ Certifications: _____

Name of closest
Medical Facility: _____

Address of Hospital: _____
(Street) (City) (Postal Code)

Hospital Phone #: _____ KM to Hospital: _____

Additional information: _____

Facility Details

Track & Field

Size: _____ Surface: _____ Number of Lanes: _____

Lane width: _____ Regulation Steeplechase water jump? Yes No

Maximum spike lengths allowed: _____ Track mm
_____ Field mm (HJ/LJ/TJ/PV/JAV)

Cross Country

Length of loop: _____

Surface % Grass: _____ % Trails: _____

% Other - specify: _____

Elevation % Flat: _____ % Uphill: _____

% Downhill: _____

Timing system: _____

Location of course
(including the start and finish): _____

Event Details Specifications

Field Events - Throws

Regulation circles: Yes No

▶If no will a portable ring be used? Yes No

Circle
surface material: _____

Field Events – Jumps

Runway surface: _____ Width of pit (min. 2.75m): Yes No

Distance - take-off board to front edge of pit (min. 1m): Yes No

Distance - take-off board to end of landing area: _____

Runway length (min. 40m for LF/TJ and min. 15m in the direction of the approach for HJ): Yes No

Field Events (Pole Vault & High Jump)

Height to which bar can be raised: _____

Landing area size and materials: _____

Equipment

Will you provide all throwing implements: Yes No

Will athletes be permitted to use their own implements,
if approved by a Tech. Ref. (IAAF Rule 187.3): Yes No

Will wind gauges be used for sprints, hurdles,
long jump & triple jump: Yes No

Make of hurdles to be used: _____

Heights to which hurdles can be adjusted:

.762m (2'6") .840m (2'9") .914m (3') .990m(3'3") 1.067m 3'6")

Will hurdles be weighted: Yes No

Payment Information

Cheque MO Cash Track & Field \$100
Cross Country \$50

Please note: All technical details must be submitted to the Athletics Alberta office 2 months prior to the event entry deadline. The sanctioning fee must accompany this application for it to be processed.

Meet Director

I, _____
Meet Director (print)

on behalf of the Organizing Committee and Athletics Alberta club or approved non-profit society, declare that all qualifications for a sanctioned meet have been met and that all rules (IAAF, Athletics Canada, Athletics Alberta) will be adhered to.

Meet Director: _____ Date: _____
Signature