



U.P.A. MEET SANCTION REQUEST FORM

Name of Meet : _____

Date : _____ Time : _____

Facility meet is held at: _____

Address of Facility: _____ City: _____ State: _____

Meet Director : _____

Phone : _____

Address : _____

Email Address : _____

Website Address : _____

Entry Fee : _____ Type of Awards : _____

The sanction fee is \$85.00 – Please make checks payable to the UPA and mail sanction request form and check to the UPA office. This fee includes insurance coverage for the lifters and facility you are hosting the meet at. I will e-mail insurance coverage sheet.

UPA Office Use Only

Sanction Granted/Denied _____

Any Comments _____

Date Received _____ Date Granted _____

All lifters participating in a UPA sanctioned meet must be a current UPA member. It is the responsibility of the meet director to check all lifters for their valid UPA card.

U.P.A. Headquarters Mailing Address:
145 State St.
Dubuque, IA 52003
(563)599-1390



Dear Meet Director,

Before the U.P.A. can issue a sanction number this form must be signed and returned to the U.P.A. Headquarters with the sanction fee of \$85.00.

All competitors in a U.P.A. sanctioned event must have a valid U.P.A. card. If they do not possess a card they may purchase one before the contest weigh-ins from the meet director for \$30.00. All referees must hold a valid U.P.A. Referee card or the meet sanction will be negated.

I agree to send the in the following within two weeks of the event.

1. Meet Results
2. Record Applications
3. Scale Certifications
4. U.P.A. Membership Applications
5. U.P.A. Membership Fees

Any violation of these rules will result in a negated sanction and potentially no future sanctions.

Thank you,
U.P.A. Office

Meet Director Signature

Date

Complete address & Phone Number of Meet Director