



WSWC ID#: _____

WATER SKI AND WAKEBOARD CANADA CLASS 1 TOURNAMENT SANCTION APPLICATION

ATTENTION: Application for a Class 1 Tournament Sanction, along with the applicable sanction fee of **\$50 PER DISCIPLINE**, must be in the hands of the WSWC National Office **7 days** prior to the scheduled start of the tournament. A late fee of \$50 will be applied to applications that do not comply. Applications received 2 days or less prior to the start of the tournament may not be considered for sanction.

1. EVENT INFORMATION

I hereby apply for a tournament sanction for:

_____ (Indicate name of tournament and whether OPEN or CLOSED)
It will be organized by: _____ (Name of affiliated club/organizer)
And held at: _____ (Tournament location and site)
On: _____ (Proposed dates of tournament)

Desired Status: BAREFOOT ONLY
 IWSF Standing List Eligible

Disciplines of Competition: Water Ski (Adaptive Included) Barefoot
 Wakeboard (Wakeskate Included) Marathon

Estimated number of participants & rounds:

Water Ski: **Able bodied:**
Slalom _____ Tricks _____ Jump _____
Of Rounds: _____
Disabled/Adaptive:
Slalom _____ Tricks _____ Jump _____
Of Rounds: _____
Barefoot: Slalom _____ Tricks _____ Jump _____
Of Rounds: _____
Wakeboard: Freestyle _____ Sliders _____ Cable _____
Wakeskate _____
Of Rounds: _____
Other (specify): _____

2. TOURNAMENT INFORMATION

Tournament Chairperson Name: _____
Has he/she had prior experience in this work? Yes No

If yes, list example, giving jobs and tournament. If no experience, list background experience that would justify his/her serving in this capacity.

Major Officials:

Chief of Competition/Chief Judge Name: _____
Rating: _____ Has he/she been contacted and agreed to serve? Yes No

Chief Boat Driver Name: _____
Rating: _____ Has he/she been contacted and agreed to serve? Yes No

Chief Calculator/Scorer Name: _____
Rating: _____ Has he/she been contacted and agreed to serve? Yes No

Technical Controller/Homologator Name: _____
Rating: _____ Has he/she been contacted and agreed to serve? Yes No

Safety Director Name: _____
Address: _____
Qualifications: _____
Rating: _____ Has he/she been contacted and agreed to serve? Yes No

Other Officials: Name _____ Position _____
Name _____ Position _____

Technical:
Proposed Method of Scoring: Manual Computer
Ski Score Other

Proposed Method of Timing: (excluding wakeboard tournaments)
1. Slalom Stopwatch Automatic
2. Jump Stopwatch Automatic
3. Tricks Stopwatch Automatic

Boat(s) to be used:
1. Manufacturer: _____
Model: _____ Year: _____
2. Manufacturer: _____
Model: _____ Year: _____

Will a speed control system be used? (Please state which model)

Are there any rule deviations proposed? Yes No

If YES, attach explanation of proposed deviation and rationale.

3. INSURANCE

Does the host organization currently hold WSWC insurance? Yes No
If yes, please indicate date paid to WSWC: _____
If no, please state insurance company, and policy number, below:
