

## ANNEX A - APPLICATION FORM FOR SG EVENT SANCTIONING

Please complete the following fields and submit to <a href="mailto:mne@singaporegymnastics.org.sg">mne@singaporegymnastics.org.sg</a> a minimum of 2 months before the applied event date.

| 1  | Event Name*                       |                       |                                                      |
|----|-----------------------------------|-----------------------|------------------------------------------------------|
| 2  | Event Dates*                      |                       | DD/MM/YYYY – DD/MM/YYYY                              |
| 3  | Event Type*                       |                       | Please delete where applicable                       |
|    |                                   |                       | Category LOC                                         |
|    |                                   |                       | Category INT                                         |
| 4  | Discipline: (MAG, WAG, RG or TRA) |                       |                                                      |
| 5  | Event Venue*                      | Name of Venue         |                                                      |
|    |                                   | Address of Venue      |                                                      |
| 6  | Host                              | Name of               |                                                      |
|    | Organisation                      | Organisation          |                                                      |
|    | Contact                           | - U.S. 6              |                                                      |
|    | Information*                      | Full Name of          |                                                      |
|    |                                   | Contact Person        |                                                      |
|    |                                   | Contact Email         |                                                      |
| _  | Naminativa Danist                 | Contact Number        | DD /8484 /00/04                                      |
| 7  | , ,                               |                       | DD/MM/YYYY                                           |
|    | registration by nai deadline)*    | me                    |                                                      |
| 8  | SG National Programme Divisions   |                       | Discipline:                                          |
| 0  | Offered*                          |                       | Division offered (Please state clearly ie. Level 1-4 |
|    | Officieu                          |                       | etc.):                                               |
|    |                                   |                       | ctc.j.                                               |
|    |                                   |                       |                                                      |
| 9  | Event Provisional Schedule*       |                       | DD/MM/YYYY                                           |
|    |                                   |                       | • XXXX                                               |
|    |                                   |                       | • XXXX                                               |
|    |                                   |                       |                                                      |
|    |                                   |                       | DD/MM/YYYY                                           |
|    |                                   |                       | • XXXX                                               |
|    |                                   |                       | • XXXX                                               |
|    |                                   |                       |                                                      |
|    |                                   |                       | Etc.                                                 |
| 10 | Onsite First Aid                  | Name of               |                                                      |
|    | Service                           | Organisation          |                                                      |
|    | Provider*                         | Contact Email         |                                                      |
| 11 |                                   | Registration Fees (in |                                                      |
|    | SGD)*                             |                       |                                                      |
| 12 | Cancellation Policy               |                       |                                                      |
| 13 | Social Media                      |                       | E.g.                                                 |
|    |                                   |                       | Twitter ID                                           |
|    |                                   |                       | Instagram ID                                         |
| 14 | Additional Informa                | ation                 |                                                      |

By submitting this application, I, on the behalf of the Host Organisation, declare that,



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- 1. I will abide by all the requirements as stated in Singapore Gymnastics (SG) Event Sanctioning Policy (failure to do so will result in sanctioned privileges being withdrawn).
- 2. I will ensure that all costs associated with the Event are paid to SG in full by the stipulated deadlines.
- 3. I will not hold SG responsible for any loss of life or injury to person, or loss or damage to property of goods whatsoever and howsoever occasioned at the Event. I acknowledge that my organisation is responsible for ensuring that all participating organisations have the necessary valid insurance coverage against illness, accidents, repatriation etc.
- 4. I will abide by SG's Code of Conduct, Member Protection Policy and Child Commitment Statement.

| Date* | Host Organisation Stamp* | Signature of the Owner/President/ / Head Coach* |
|-------|--------------------------|-------------------------------------------------|

<sup>\*</sup>Required