

International Powerlifting Association (I.P.A.)

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Meet Sanction Request Form

Sanction Fee: \$100

Name of Meet: _____

Date of Meet: _____ Time: _____

Location: _____

Entry Fee: _____ Type of Awards: _____

Meet Director: _____ Phone: _____ Email: _____

Address: _____

SANCTIONING COMPETITIONS

For a sanction to be granted, the meet director must apply for the sanction at least 4 weeks prior to the date of the competition. There should be no other IPA competitions in the area on the date of the competition. The sanction fee for all meets is \$100, and must accompany a Sanction Request Form. All lifters at IPA sanctioned must be IPA members. The meet director will sell IPA memberships at the competition and must mail all registrations and 100% of the fees received to the IPA within seven days after the competition.

INSURANCE: The IPA assumes no liability for injury, damages, personal losses or death resulting at a meet. ***Proof of insurance must be provided when applying for meet sanction approval.*** The IPA and its sponsors do not freely provide accident, medical or liability insurance for lifters, spectators, or officials at meets or organized training sessions. It is the responsibility of the meet director/s to secure insurance. The IPA home office offers liability insurance for \$500.00 for an IPA sanctioned powerlifting meet. All policies require one business or venue. Additional venues or persons listed will be on a separate policy. You will be charged per policy. Insurance requests must be returned to the IPA home office a minimum of four weeks prior to your contest. Contact Mark Chaillet at the contact options above to arrange your insurance policy.

**We will accept a check only from the Meet Director. No member checks! Mail Sanction Request form and make checks payable to I.P.A., c/o Mark Chaillet at the above address.

OFFICIAL USE ONLY

Date Received: _____

Sanction Granted: _____ Fee received: _____

Sanction Denied: _____ Reason: _____

Approval or Denial Sent: _____

IPA Authorization: _____