



A.B.A.T.E. OF OREGON, INC.

Sanctioning Application and Checklist

All fields marked with red * asterisk are required

*Name of event _____

*Location of event: _____

*Date of event: _____

*Chapter(s) sponsoring the event: _____

*Chapter mailing address: _____

*Scheduling Conflicts:

Are there any ABATE of Oregon, Inc. or other biker related activities, scheduled on the same date(s)?

No ___ Yes ___ If Yes, please list below:

Sponsor/Activity Location Date

*Purpose of Fundraiser:

Who will receive proceeds from the above named event? If there is more than one recipient please list the percentage of funds they are to receive.

1. Recipient % of funds _____ % of net funds

2. Recipient % of funds _____ % of net funds

3. Recipient % of funds _____ % of net funds

4. Recipient % of funds _____ % of net funds

*Contact information

Name: _____

Phone # _____ E-Mail _____

Promotional Materials must include all of the following statements:

The words: "Sanctioned by A.B.A.T.E. of Oregon, Inc."

A statement about who will receive the proceeds of the above named event.

This disclaimer: "Contributions or gifts to A.B.A.T.E. of Oregon, Inc. are not deductible as charitable contributions for federal income tax purposes."

Is event liability insurance required by A.B.A.T.E. of Oregon, Inc.?

Insurance is required by A.B.A.T.E. of Oregon, Inc. if either of the following is included in the event: Overnight camping Bike games or rodeo events

***Is insurance required by city, county, state offices or any location involved with said event?** No _____ Yes _____

Name of location to be insured: _____

Address: _____

Phone # _____ E-Mail _____

***Additional Insured:** No _____ Yes _____ If Yes, list all Additional Insured below:

Name _____

Address _____

Phone # _____ E-Mail _____

Name _____

Address _____

Phone# _____ E-Mail _____

Name _____

Address _____

Phone# _____ E-Mail _____

Name _____

Address _____

Phone# _____ E-Mail _____

Name _____

Address _____

Phone# _____ E-Mail _____

Name _____

Address _____

Phone# _____ E-Mail _____

Name _____

Address _____

Phone# _____ E-Mail _____

***Is alcohol liability insurance required by A.B.A.T.E. of Oregon, Inc.?**

_____ No alcohol will be provided for free or for sale.

_____ Yes alcohol will be provided for free or for sale.

If alcohol will be provided, for free or for sale at the event, it must be served by an outside provider, properly licensed and insured in the State of Oregon. No Chapter of A.B.A.T.E of Oregon, Inc. can use Chapter funds to purchase alcohol. All forms, including copies of the server's liquor license and insurance, must be received by the Sanctioning Officer within 90 days of event.

When submitting sanctioning form and fee, please be sure to include the chapter and event names on the memo line of the check.

***** Below for Board use only *****

Date / time received: _____

Flyers, posters or advertising materials received _____

Insurance is **NOT** required. _____

Insurance is required. _____ Copies of servers liquor license / insurance received. _____

Premium is paid. Check amount: _____ Check# _____ (Made out to Abate of Oregon, Inc.)

Insurance Cost Description

Camp outs - \$425.00

One Day Events: Poker Runs, Toy Runs, Swap Meets, Mall Shows, & Etc. - **\$75.00**

Social Events: Anniversary Parties, Holiday Parties, Seasonal Parties, Dances & Etc. - **\$25.00**

If scheduling conflict noted:

_____ Schedule is ok as requested – minimal conflicts expected

_____ Major conflict – Sanction should not be approved if scheduling conflict is likely to cause poor attendance or reduced income at one or both events. If this problem cannot be easily resolved by rescheduling, the Sanctioning Application should be brought before the Board of Directors for resolution.

Comments: _____

Event name _____

Event type _____

Event date _____

Event location (Physical address) _____

Contact name _____

Phone # _____ **E-Mail** _____