|  |  |
| --- | --- |
| Sponsoring Organization | Click or tap here to enter text. |
| Contact Person | Click or tap here to enter text. |
| Address | Click or tap here to enter text. |
| Phone | Click or tap here to enter text. |
| Email | Click or tap here to enter text. |
| Type of event | Race |[ ]  Clinic |[ ]
| Location of Event |
| City | Click or tap here to enter text. |
| Body of Water | Click or tap here to enter text. |
| Facility Address | Click or tap here to enter text. |
| Proposed Date | Click or tap to enter a date. | Alternate Date | Click or tap to enter a date. |  |
| Event Title | Click or tap here to enter text. |
| Race |
| Race Distance(s) | Click or tap here to enter text. |
| Course Description | Click or tap here to enter text. |
| Clinic |
| Description  | Click or tap here to enter text. |
| Focus | Click or tap here to enter text. |

**COMPLETE AND SUBMIT** this form **no later than December 1** to the PNA OW Coordinator:

Jim Davidson <jedavidson98001@yahoo.com>

**Please address your questions to Jim as well.**

**NOTE:** Once your event has been approved by the PNA Board for its place on the annual calendar, you will need to apply for a USMS Open Water Sanction. Follow the procedures outlined in section 10.3 of the PNA Standing Policies.