|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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.