

## Sanction Application Fee Receipt Submission

Name: \_\_\_\_\_

Position: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Club/Organization: \_\_\_\_\_

Name of Meet: \_\_\_\_\_

Account to be credited: Meet Sanctioning Fees

Total amount enclosed: \_\_\_\_\_

Please return this form to:

**Chris Wolford, Treasurer**  
**5020 B College Corner Pike**  
**Oxford, OH 45056**  
**513-523-2181**

Accounts: Please contact us by e-mail if you have any questions.

[kkprincell@gmail.com](mailto:kkprincell@gmail.com)