

A.B.A.T.E. OF OREGON, INC. **Sanctioning Application and Checklist**

*Name of event *Location of event:	
*Date of event:	
*Chapter(s) sponsoring the event:	
*Chapter mailing address:	
date(s)?	or other biker related activities, scheduled on the same
No Yes If Yes, please list bel	ow:
Sponsor/Activity Location Date	
*Purpose of Fundraiser: Check all that apply: Awareness I	Education Safety Liberty
Who will receive proceeds from the abo	ove named event? If there is more
than one recipient please list the percen	
1. Recipient % of 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

- 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: W Overnight camping W Bike games or rodeo events

*Is insurance required by city, county, state offices or any location involved with said

	Date Required:
Name of location to be insur-	ed:
Address:	
Phone #	E-Mail
*Additional Insured: No	Yes If Yes, list all Additional Insured below:
Name	
Address	
Phone	
Name	
Address	
Phone	E-Mail
Name	
Address	
Phone	E-Mail
Name	
Address	
Phone	E-Mail
Name	
Address	
Phone	
Name	
Address	
Phone	E-Mail
Name	
Address	
Phone	E Mail
No alcohol will be provid Yes alcohol will be provid	
	n the State of Oregon. No Chapter of A.B.A.T.E of Oregon, Inc. can use
Chapter funds to purchase alco	hol. All forms, including copies of the server's liquor license and

insurance, must be received by the Sanctioning Officer within 90 days of event.

****** Below for Board use only ************************************
Date / time received: Flyers, posters or advertising materials received Insurance is NOT 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