

OAAS District Event Registration Form



This form, (or a document with **all** of the requested information) plus supporting documentation, **MUST** be sent to the OAAS office at: Events@oaasfairs.com at least

45 days before the event to ensure OAAS Insurance coverage is approved

NOTE: if the location, date, or time changes, you **MUST submit a new form**

Event Information:

OAAS District # : _____ Event Date: _____

Building Name: _____

Building Civic Address: _____

Event Start Time: _____ Event End Time: _____

Please check the Category below that relates to the nature of the event:

District Spring Meeting: District AGM: District Ambassador Event:

Other District Meeting: Other Event: _____

OAAS District Judging School: **NOTE: if you selected Judging School, complete the following information:**

Category _____ Instructor _____

Category _____ Instructor _____

Category _____ Instructor _____

Category _____ Instructor _____

NOTE: [Attach copies of the invitation/announcement, program agenda, schedule of regular meetings or other relevant material that can be posted on the OAAS website.](#)

Contact Information:

District Contact Name (Print): _____

District Contact Title (Print): _____

Signature or Name: _____ Date: _____

IMPORTANT: If the facility your event is being held at requires a “**Certificate of Liability Insurance**” certificate – the form “**OAAS District Event Registration Form**” (or a document with **all** the requested information) must be submitted **45 days before event.**

Requires “**Certificate of Liability Insurance**”: No Yes

Office Use:

OAAS (Print): _____

Signature/Name: _____ Date received: _____