

OAAS District Event Registration Form



This form, (or a document with **all** of the requested information) plus supporting documentation, should be sent to the OAAS Manager at: manager@oaasfairs.com at least **45 days before the event to ensure OAAS Insurance coverage is approved.**

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: _____ 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 Manager (Print): _____
Signature: _____ Date received: _____