



AMERICAN WEST
6529 W. Fremont Rd.
Laveen, Arizona 85339
(602) 237-2870 Fax: (602) 237-9460
www.aw4d.com

PLEASE MAKE COPY OF FORM BELOW AND MAIL TO THE AMERICAN WEST
OFFICE OR FAX: 602-237-9460.

Arena Operator/Producer Agreement

I _____ have read all of the rules, guidelines, and information
listed in this packet. I agree to abide by all arena operator requirements listed therein.

Arena Operator/Producer: _____
(Print Name)

Signature

Date

Complete Mailing Address:

Phone Number: _____ **Cell Phone:** _____

Fax: _____ **E Mail:** _____

Arena _____

City & State _____

Return to:

AW4D
6529 W. Fremont Rd.
Laveen, AZ 85339



PLEASE MAKE COPY OF FORM BELOW AND MAIL TO THE AMERICAN WEST OFFICE OR FAX:
602-237-9460.

Arena Operator/Producer Agreement & Date Request Form

I _____ have read all of the rules, guidelines, and information listed in this packet. I agree to abide by all arena operator requirements listed therein.

Arena Operator/Producer: _____
(Print Name)

Complete Mailing Address: _____

Phone Number: _____ Cell Phone: _____

Fax: _____ E Mail: _____

Arena _____

City & State _____

Request Date _____	Added Money _____	Start Time _____	Pre Entry _____	Exhibitions _____
Request Date _____	Added Money _____	Start Time _____	Pre Entry _____	Exhibitions _____
Request Date _____	Added Money _____	Start Time _____	Pre Entry _____	Exhibitions _____
Request Date _____	Added Money _____	Start Time _____	Pre Entry _____	Exhibitions _____

Do you plan to co-sanction this event, put this event on with any other race other than American West or is a said fee to be collected or paid to any other organization, club, or association on or for said race day? Yes _____ No _____

If you answered yes, please list the other club, association, or organization that is to be involved on said race day and explain your format for the day and how the races will be run and contact the American West office for all co sanctioning pre approvals.

I understand that American West sanctioning may be withdrawn at any time. I here by agree that if any dispute what so ever arises, the proper venue is in Maricopa County, in the State of Arizona.

Signed: _____ Date: _____

To get your date reserved, this form must be filled out in its entirety and must be approved by the American West office.

MAIL or Fax to: American West 4-D
6529 W. Fremont Road
Laveen, AZ 85339
Fax: (602) 237-9460

American West Office Use Only

American West Sanctioned Approved _____ Signature _____

American West Sanction Denied _____ Date _____