

SOSSA CHAMPIONSHIP REPORT FORM

No form – No payment. Form must be returned to Administrative Secretary/Treasurer for payment.

EVENT _____

DATE _____

LOCATION _____

CONVENOR _____

Teams represented (preliminary round)

ZONE _____ VS ZONE _____

ZONE _____ VS ZONE _____

FINALISTS (and score)
_____ VS _____

CHAMPION _____

AWARDS

Trophy: Presented _____ Not available _____

Medallions: Number presented _____ Not available _____

(please attach receipts) _____ **BUDGET**

EXPENSES -Referees _____ First Aid _____

- Facility Rental _____

- Other _____

- Minor Officials _____

TOTAL EXPENSES \$ _____

REVENUES (please see Constitution)

-Gate(s) _____ Entry Fee _____

-Sponsorship _____ Other _____

TOTAL REVENUE \$ _____

PROFIT OR LOSS \$ _____

COMMENTS/CONCERNS