

## EVENT RESULTS SUBMISSION

**NOTE:** This form is fillable and can be emailed back to: [fuller4sossa@gmail.com](mailto:fuller4sossa@gmail.com)

Event:	_____
Date:	_____
Location:	_____
Convener:	_____

### TEAM REPRESENTED – PRELIMINARY ROUNDS

Zone: _____ (#)	Score: _____
Team Name: _____	
<b>VS</b>	
Zone: _____ (#)	Score: _____
Team Name: _____	
Zone: _____ (#)	Score: _____
Team Name: _____	
Zone: _____ (#)	Score: _____
Team Name: _____	
Zone: _____ (#)	Score: _____
Team Name: _____	

### TEAM REPRESENTED – CHAMPIONSHIP

Zone: _____ (#)	Score: _____
Team Name: _____	
<b>VS</b>	
Zone: _____ (#)	Score: _____
Team Name: _____	

### TEAM REPRESENTED CHALLENGE GAME (IF NECESSARY)

Zone: _____ (#)	Score: _____
Team Name: _____	
<b>VS</b>	
Zone: _____ (#)	Score: _____
Team Name: _____	

**AWARDS**

Trophy	Presented:	Unavailable:
Medallions	Not Presented:	Unavailable:

**EXPENSES: please attach receipts**

Referees:	First Aid:	Facility Rental:
Officials:	Other:	Total :

**REVENUES: please see Constitution section 4.07(i) to (vi)**

Gate(s):	Entry Fee:	Sponsorship:
Other:	Total Revenue:	Profit/Loss:

**NOTE:** Payments can be made by cheque payable to: **SOSSA**

c/o Brian Fuller, Executive Director  
 175 West 25th Street  
 Hamilton, Ontario  
 L9C 4X6