

SOSSA CHAMPIONSHIP EVENT REPORT

Note: This form is fill able and should be emailed back to: scott4sossa@gmail.com

Convener Name and School: _____

Event: (level, gender, classification, sport) - _____

Example - "Jr. Boys AA Volleyball"

Semi final #1	Winner _____	Score: _____
	Loser _____	Score: _____
Semi final #2	Winner _____	Score: _____
	Loser _____	Score: _____

Championship	Winner _____	Score: _____
	Loser _____	Score: _____
Challenge Match (if required for second entry to OFSAA) Winner _____		

Expenses: (attach or scan receipts)

Revenues:

Referees: _____

Gate: _____

Facility: _____

Other: _____

First Aid: _____

Other: _____

Total Expenses = _____

Total Revenue = _____

Profit/Loss Total = _____