

### EVENT RESULT SUBMISSION

|   |                 |
|---|-----------------|
| Event: _____                                | Date: _____     |
| Location: _____                             | Convener: _____ |
| <b>Team represented (preliminary round)</b> |                 |
| Zone _____                                  | VS              |
| Zone _____                                  |                 |
| Zone _____                                  | VS              |
| Zone _____                                  |                 |
| Finalists and Score<br>_____ Score _____    |                 |
| VS _____ Score _____                        |                 |
| Champion: _____                             |                 |

### AWARDS

|            |                      |                    |
|------------|----------------------|--------------------|
| Trophy     | Presented: _____     | Unavailable: _____ |
| Medallions | Not Presented: _____ | Unavailable: _____ |

### EXPENSES: \*please attached receipts

|                  |                  |                        |
|------------------|------------------|------------------------|
| Referees: _____  | First Aid: _____ | Facility Rental: _____ |
| Officials: _____ | Other: _____     | Total : _____          |

### REVENUES: \*please see Constitution

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

**Payment:** make cheque payable to:

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