

EVENT RESULT SUBMISSION

Event: _____	Date: _____
Location: _____	Convener: _____
Team represented (preliminary round)	
Zone _____	VS
Zone _____	
Zone _____	VS
Zone _____	
Finalists _____	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: please make cheque payable to:

SOSSA

c/o Brian Fuller, Executive Director
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 Hamilton, Ontario L9C 4X6
 fuller4sossa@gmail.com