



YOUTH & YOUNG ADULT MINISTRY & CYO OFFICE
SANCTIONED EVENT COMPLETION REPORT



Please submit this report, along with a *completed copy of the brackets and results*, OR the *tournament link* [to access this information], **no later than 10 days after the closing date of the event** to the CYO Athletic Office, 795 Russell Ave., Akron, OH 44307; FAX: [330] 535-9040 mhuber@ccdoble.org. There is an option to complete form online. Penalty for noncompliance to any of these terms results in inability to sponsor events for one calendar year.

PLEASE TYPE OR PRINT

SPONSORING ORGANIZATION: _____

SANCTIONED NUMBER: _____ EVENT DIRECTOR: _____

REQUESTED START DATE: _____ REQUESTED END DATE: _____

ACTUAL START DATE: _____ ACTUAL END DATE: _____

Briefly describe any details that varied from original application [including dates and grades]:

of official CYO rosters collected: _____ List any teams that did not provide an official roster:

Did you submit a list of all teams, with coaches names, prior to tournament? _____

~CYO use only~
verified: _____
Date: _____

Did you submit a copy of the bracket/schedule, or link, prior to tournament? _____

Link: _____ Who assigned officials? _____

Were there any ejections? YES: _____ NO: _____

Information submitted to CYO website "Report an Incident" within 24 hours? YES: _____ NO: _____

CERTIFICATION

I attest that all of the information provided on this completion report along with the attached completed event brackets and results [if required], is correct and accurate. I further attest that I abided by the guidelines stated on the application and that the CYO Charter and Bylaws, as well as CYO specific rules were followed throughout this event.

Event Director: _____ Date: _____
Signature

~FOR CYO OFFICE USE ONLY~
TEAM LIST REC'D: _____ #: _____ HEAD COACH NAME: _____ LINK: _____
SCHEDULE/BACKET: _____ FINAL RESULTS: _____ INCIDENTS: _____
DATE RECEIVED _____ DATE REVIEWED: _____ STAFF: _____
NOTES: _____

