

NEW YORK STATE PUBLIC HIGH SCHOOL ATHLETIC ASSOCIATION
SECTION 2
POST-SECTIONAL COMPETITION FORM

Note: Athletic Director and Sports Coordinator should complete this form together at the last sectional site or via the telephone. The Sport Coordinator should have already discussed what is authorized with the Internal Control Officer. A copy of the completed form should be sent to the Internal Control Officer. (fax – 306-4503)

SCHOOL: _____	PHONE: _____
SPORT: _____	SEASON: _____
COACH: _____	PHONE: _____
ATHLETIC DIRECTOR: _____	PHONE: _____
PRINCIPAL: _____	PHONE: _____
SPORT COORDINATOR: _____	PHONE: _____

CONTEST INFORMATION:

DATE(S) OF CONTEST: _____

SITE(S) OF CONTEST: _____

TIME(S) OF CONTEST: _____

DEPARTURE TIME: _____

PLACE OF DEPARTURE: _____

MAXIMUM NUMBER OF PARTICIPANTS, COACHES, ETC. ALLOWED: _____
(See chart for maximum allowable – may not exceed.)

ACTUAL NUMBER OF PARTICIPANTS, COACHES, ETC. ON TRIP: _____

___ SECTION TO PROVIDE TRANSPORTATION ___ SCHOOL TO PROVIDE TRANSPORTATION

___ SECTION TO PROVIDE LODGING ___ SCHOOL TO PROVIDE LODGING

SPECIAL REQUESTS: _____

LODGING:
LODGING PROVIDED FOR FOLLOWING DATES: _____

NUMBER OF ROOMS ALLOWED FOR ATHLETES/COACHES: _____

APPROVED: (SPORTS COORDINATOR) _____

(INTERNAL CONTROL OFFICER) _____