

**New York State Public High School Athletic Association
OUTSIDE AGENCY Approval Application**

(for use in events involving New York State schools only - for interstate events use Sanctioning Application)
NYS PHSAA ELIGIBILITY STANDARD

18. OUTSIDE AGENCIES: Cooperation is permitted with any organization, college, or university which may offer encouragement and/or the use of facilities for competition. An application for approval is to be submitted to the Section Athletic Council. Approval may be given if these conditions are satisfied:

1. A school, league, section or the Association must cosponsor the activity.
2. Secondary school personnel shall be responsible for planning and for conducting the activity.
3. The contest shall be developed with due regard for health and safety standards as set forth by the NYS Commissioner of Education Regulations, and policies and standards of the NYSPHSAA, Inc.
4. Insurance shall be provided which will protect the participants in case of injury and the organization or institution against liability.
5. The philosophy and standards which are to be followed shall be consistent with those listed in the most current NYSPHSAA, Inc. HANDBOOK.
6. Financial arrangements are to be clearly specified in the application for approval.

To be completed by host member high school (complete ALL items)

APPLICATION DATE _____ SECTION (Section 1-11) _____ DATE OF EVENT _____

HOST HIGH SCHOOL (or LEAGUE) RESPONSIBLE FOR EVENT _____

HOST HIGH SCHOOL (or LEAGUE) RESPONSIBLE PERSON _____

print name, phone numbers & email address of person responsible for this event

EVENT NAME _____

SPORT _____ VENUE _____
name the sport and specify Boys or Girls *location of event*

EVENT CO-SPONSOR _____
name of organization *address* *city state zip*

CO-SPONSOR CONTACT _____
print name *title*

email address *phone numbers:* *work* *cell*

PROVIDER of INSURANCE for EVENT* _____
name & address of agency providing insurance

FINANCIAL INFORMATION: On the **attached form** list entry fees, admission fees, sponsorship monies, expenses and the distribution of profits if any.

REQUIRED SIGNATURES OF APPLYING SCHOOL: Execution of this form constitutes an agreement by the administrators of the host school to assume oversight responsibility for the event and to be present on site at the event, either in person or by a designee.

SUPERINTENDENT _____
name *date*

HIGH SCHOOL PRINCIPAL _____
name *date*

ATHLETIC DIRECTOR _____
name *date*

Provide a list of all participating high schools on the reverse side of application form.

FOR SECTION ATHLETIC OFFICE USE ONLY

Signature of Section Director _____ Section # _____ Date _____

***Insurance Certificate must be attached naming Section as additional insured.**

List ALL Participating High Schools
New York schools only

PROPOSED BUDGET
Co-Sponsored Events (Outside Agencies)
Submit with application form.

Name of Co-sponsored Event: _____ Date of Event _____

Estimated Income:

Gate Receipts \$ _____

Sponsors \$ _____

Entry Fees \$ _____

Miscellaneous \$ _____

(itemize misc.)

Total Income \$ _____

Estimated Expenditures:

Awards \$ _____

Equipment/Supplies \$ _____

Facilities \$ _____

Officials \$ _____

Personnel \$ _____

Programs \$ _____

Security \$ _____

Miscellaneous \$ _____

(itemize misc.)

Total Expenses \$ _____

(proposed income minus proposed expenses) Proposed Net Profit \$ _____

Charitable or educational programs net profit to be donated to: _____

FINANCIAL REPORT
Co-Sponsored Events (Outside Agencies)
Submit within 2 weeks of completion of event.

Name of Co-Sponsored Event _____ Date of Event _____

Location of Event _____

Receipts:

Advance Sales	\$ _____	(if more space is necessary, use back)
Gate Receipts	\$ _____	
Program Sales	\$ _____	
Souvenir Sales	\$ _____	
Sponsorships	\$ _____	
In-Kind Donations	\$ _____	
Advertisements	\$ _____	
Entry Fees	\$ _____	
Radio/Television	\$ _____	
Other:	\$ _____	
	\$ _____	
Total Receipts		\$ _____

Expenditures:

Awards	\$ _____	(if more space is necessary, use back)
Equipment/Supplies	\$ _____	
Officials	\$ _____	
Programs	\$ _____	
Tickets (tellers/sellers)	\$ _____	
Security	\$ _____	
Custodial	\$ _____	
Site Rental	\$ _____	
Concessions	\$ _____	
Other:	\$ _____	
	\$ _____	
Total Expenditures		\$ _____

(receipts minus expenditures) **Net Profit** \$ _____

Charitable or educational programs net profit donated to and amounts:

Print Name, Title, Organization _____

Signature _____ **Date** _____