

CENTRAL CONNECTICUT CONFERENCE
REQUEST FOR POST-SEASON TOURNAMENT
(Tournament requests for next year must be submitted with post season summaries)

| | |
|----------------------------|-------------------|
| SPORT: | REQUEST DATE: |
| PROPOSED HOST SITE: | SEATING CAPACITY: |
| PROPOSED TOURNAMENT DATES: | |
| HOST ATHLETIC DIRECTOR: | |
| SPORT LIAISON: | |

REQUEST RATIONALE (why is this request being made, what purpose will it serve)

TOURNAMENT FORMAT (describe how teams are to be selected, how was the site selected, what is the tournament schedule, provide other relevant information):

REPORT COMPLETED BY:

Committee Review:

Paperwork Submitted

Approved

Denied _____

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ESTIMATED INCOME

| | |
|--|--|
| Ticket Sales: \$ x No. Sold | |
| Entry Fees: No. of Teams x Entry Fee | |
| Other: (Concessions, Programs, Etc) | |
| Other: | |
| Other: | |
| TOTAL ESTIMATED INCOME: | |

ESTIMATED EXPENSES

| | |
|--|--|
| PROGRAMS | |
| INSURANCE | |
| FACILITIES FEES | |
| AWARDS (List awards to be given) | |
| SECURITY (Include Police, Fire, Other Security) | |
| GAME OFFICIALS: # @ \$ /EACH | |
| ATHLETIC TRAINER/PHYSICIAN | |
| CUSTODIAL COST | |
| SCORERS: # @ \$ /EACH | |
| ANNOUNCER: # @ \$ /EACH | |
| TIMER: # | |
| TICKET SELLER: # @ /EACH | |
| TICKET TAKER: | |
| CONTEST SUPPLIES | |
| OTHER EXPENSES (provide detail) | |
| TOTAL ESTIMATED EXPENSES: | |