



YOUTH & YOUNG ADULT MINISTRY & CYO OFFICE



EVENT COMPLETION REPORT

DIRECTIONS: Please complete and return this form to the CYO Athletic and Camping Office – 7911 Detroit Avenue, Cleveland, Ohio 44102, no later than 10 days after the closing date of the event.

PLEASE TYPE OR PRINT	
SPONSORING ORGANIZATION:	
SANCTION NUMBER:	EVENT DIRECTOR:
ACTUAL START DATE:	ACTUAL END DATE:
Did your event schedule deviate form the original request? Please Note any changes:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Were any players, coaches or spectators ejected from any contests? Please note team, player/coach, cause and date of ejection.	<input type="checkbox"/> YES <input type="checkbox"/> NO
Did any entered teams cause problems? Please note team and situation.	<input type="checkbox"/> YES <input type="checkbox"/> NO
Did any injuries occur during the event? Document the person involved and types of injuries that occurred during the event.	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you planning to hold this event next year?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Additional Comments	
<i>Attach a completed set of event brackets/results to this report.</i>	
CERTIFICATION	
I attest that all of the information contained on this completion report and the attached event brackets/results is correct and accurate. I further attest that all rules and regulations of the CYO Charter and By-laws as well as sport specific contest rules were followed throughout this event.	
Event Director: _____ (Signature)	Date: _____

