

TOURNAMENT FINANCIAL REPORT

BALTIMORE COUNTY DEPARTMENT OF RECREATION AND PARKS

Name of Tournament

Name of Organization

Yes No

Name of Person Completing Report

501C3 Status

Street Address

City

State

Zip

Home Telephone

Work Phone

Cell Phone

Tournament Date/s (This report due within 30 days of completed date)

Registration Cost/Team

Number of Teams

Registration Cost/Participant

Number of Participants

Officiating Organization

| INCOME (DEPOSITS) | | DISBURSEMENTS | |
|-------------------------------------|--|---------------------------|--|
| Donation/s | | Official Fees | |
| Registration/ Teams/Participants | | Equipment | |
| Concession Food | | Field Supplies | |
| Concession Other | | Site Representative/s | |
| List each Sponsor/s & amount | | County Staff | |
| Vendors* | | Concessions Food | |
| | | Concessions Other | |
| | | Awards/Trophies | |
| | | Insurance | |
| | | Spot-a-Pots | |
| | | Rental Audio | |
| | | Rentals Tents | |
| | | Entertainment | |
| | | List Administrative Costs | |
| | | | |
| | | | |
| Other: | | | |
| | | | |
| | | Other: | |
| | | | |
| TOTALS | | TOTALS | |
| | | ENDING BALANCE | |

* List vendors and separate contributions on back of form.

TOURNAMENT CHECK LIST

Name of Tournament

Chairperson/Director

Street Address City State Zip

Home Telephone Cell Telephone E-Mail Address

Date/s of Tournament Times

Site/s Requested

Sponsor Group Council Affiliate Non-Affiliate

Pre-tournament Meeting with Representative/s _____ Date

Insurance Requested Received Not Needed

Trash Policy Explained Shop Notified

Tournament to Assign _____ Name/s

Parking Policy Explained

Crowd Control Policy Explained

Playing Conditions Policy Explained

Pre-tournament Site Inspection _____ Date

Rep/s to Attend Pre-inspection _____ Name/s

Post-tournament Site Inspection _____ Date

Rep/s to Attend Post-Inspection _____ Name/s

Scheduling Policy Explained

Site/s Representative/s Policy Explained

Site Name Phone

Site Name Phone

Part-time Staff Assigned Gifts & Grants Yes No

| Site | Name | Phone |
|------|------|-------|
|------|------|-------|

| Site | Name | Phone |
|------|------|-------|
|------|------|-------|

Community Supervisor Available Policy Explained
Gifts & Grants Yes No

Program Coordinator Notified

Restroom Policy Explained

Permits Policy Explained
 Council Approval _____

Facility/ies Permit/s Submitted _____
Date

Facility/ies Permits Approved _____
Date

Equipment Policy Explained

Financial Reporting Policy Explained