



Skate Canada -Western Ontario Competition Report

Name of Competition: _____
 Name of Hosting Region: _____
 Name of Competition Chairperson: _____ Phone Number: (____) _____
 Address: _____ Email Address: _____

Location of Event

City: _____ Seating Capacity: _____
 Venue: _____ Parking: _____
 Rink Dimensions: _____ No. of Ice Pads: _____

Part A: Competition Executive and Committees

Please indicate which individuals held the following positions:

COMPETITION EXECUTIVE	
Chairperson	
Vice-Chairperson	
Secretary	
Treasurer	
Competition Rep from Region (Advisor)	

COMMITTEE CHAIRS (reports submitted)	
Registration	
Accounting & Runners	
Music & Announcers Facilities	
Food	
Officials (incl.. hospitality and transportation)	
Admissions/Security	
Flowers/Pins/Results	
Dressing Rooms/Ice Captains	
Coaches' Room	
Volunteers	
Publicity/Outside Vendors	
Advertising & Sponsorship	
Program	
Awards and Presentations	
Other (specify):	

If any member of the competition executive committee or any of the committee chairs are interested in providing feedback (e.g. suggestions on how a committee could be improved, successful ideas that worked well, potential problems that occurred and how they were dealt with/should have been dealt with), please have them fill out the Executive Committee Member/Committee Chairperson Feedback Form and include it at the back of the Official Competition Report.

Part B: Registration

Total number of skaters and teams registered: _____

Part C: Music

Who provided Music Personnel: _____

Who provided Music Equipment: _____

Part D: Finances

- Complete financial statement attached
- Financial statement not available at this time

Did this event make a profit: Yes No

Who received the profit from this event: _____

How much profit was generated: _____

Were there any unexpected losses incurred throughout the competition: Yes No

If yes, please explain the reason and the amount lost:

Part E: Medals

Number of medals ordered: _____ Number of medals handed out: _____

Name of the company that made the medals: _____

Cost per medal: _____

Part F: Food

What types of food services were available for skaters and spectators: (Check all that are applicable)

- Concession stands Snack tables with various items for sale
- Dining Room with items available for purchase

If yes, where was the dining room located: _____

Menu & Prices items were sold for: _____

Did you feed your volunteers: Yes No - If yes, how long did they work for what they received: _____

What types of food services were arranged for volunteers and officials? Menu & Prices items if sold for:

Total number of people served per meal: spectators _____ volunteers _____

Was a caterer used: Yes No

If yes, please name the caterer: _____ Cost per person/meal _____

Were any food or drink items donated by local businesses or individuals: Yes No

If yes, what types of items were donated: Water Other beverages (i.e. juice)
 Goods for resale to skaters and spectators
 Goods for officials and volunteers
 Other _____

Part G: Security

Was security needed: Yes No

If yes, in what area (s): _____

How many volunteers were required per shift: _____

How long were their shifts: _____

Part H: Merchandise

PINS

Did you sell pins: Yes No, How many ordered: _____ How much did you charge: _____

How many pins were sold: _____ Cost per pin: _____

Name and Phone # of Company pins were purchased from: _____

PROGRAMS

Total number printed: _____ Total number sold: _____ Amount Sold For: _____

Name of company hired to make programs: _____ Cost per program: _____

Were there advertisements in the program: Yes No

Please list your advertising rates:

Section/Size	Cost to Advertise
Back Cover	
Inside Cover	
Full Page	
Half Page	
Business Card	
Total Income Generated	

FLOWERS

Did you purchase flowers for re-sale: Yes No Re-Sale price per flower: _____

What types of flowers purchased: _____

Total number ordered: _____ Total number sold: _____ Cost per flower _____

Name and Phone # of Company flowers were purchased from: _____

SKATING BOUTIQUES/LOCAL MERCHANTS

Were individual merchants or groups allowed to sell their products at the event: Yes No

How many in total were present: _____

Were they charged a fee/percentage to be able to sell their merchandise: Yes No

If yes, what amount were they charged: _____ per day
 for the entire competition

Please list all of the vendors present at the event:

1.	10.
2.	11.
3.	12.
4.	13.
5.	14.
6.	15.
7.	16.
8.	17.
9.	18.

Were any profits returned/donated to the competition: Yes No

If yes, from which group(s): _____

Part I: Sponsorship

Did you solicit any major sponsors: Yes No

How many did you get: _____

Did any sponsors have a product or information table at the event: Yes No

What types of contributions were made by the sponsors: Money Food
 Water Prizes/Gifts/Merchandise
 Gift In Kind _____
 Other: _____

Part J: Admission Prices

Adults	\$
Children	\$
Senior	\$
Other Category: _____	\$

Were tickets used: Yes No If so, what type of ticket: _____

How many printed: _____ Who printed tickets: _____ Cost: _____

Part K: Officials (Judges, Data Specialists & Audio/Electronic Technicians/Announcers)

Total number of officials: _____ Judges _____ Data Specialists _____ Audio/Electronic Tech/Announcers _____

Was a gift given: Yes No Type of Gift: _____

Cost of gift: \$ _____ per person

Number of hotel rooms required: _____ Hotel Rate per Room: _____

Was there a hospitality room: Yes No

Beverages served: Beer , Wine , Mixed Drinks , Water , Pop , Juice

Approximate cost: \$ _____ Types of food served: _____

Part L: Dressing Rooms

Number of dressing rooms required: _____

Was this a satisfactory number of dressing rooms: Yes No

Did the facility have enough dressing rooms to accommodate all the skaters' needs: Yes No

If no, where were the make-shift changing areas set up: _____

Part M: Medical Staff

Was medical staff present at the event: Yes No

If yes, whom did you obtain for the event: Private company: _____

Cost: \$ _____

Volunteer Group - _____

Was there a designated medical room? Yes No

If yes, where was the room located: _____

Was there an ambulance or emergency response vehicle on site: Yes No

Was the Sectional Medical Bag (RED) used: Yes No

Part N: Event Publicity

Did you publicize your event: Yes No

If yes, then how: Newspaper Posters/Flyers Radio

Local TV Other: _____

Part O: Volunteers

Approximately how many volunteers did you have: _____

How did you find enough volunteers to run your event:

Part P: Skater's Gift

Did you give a skater's gift: Yes No

Type of gift: _____ Cost Per Skater: \$ _____

Where did you purchase skater's gift: _____ Ph.# (____) _____

**Skate Canada Western Ontario Section
Competition Report**

EXECUTIVE COMMITTEE MEMBER /COMMITTEE CHAIRPERSON'S REPORT

Please provide any feedback regarding your committees' role in the event.

Please PHOTOCOPY this page for each committee chair to report.

Name: _____
 Event: _____
 Committee: _____
 Position: _____

Areas to Improve Upon	Volunteers and Their Duties
Problems You Encountered and How They Were Solved/Should Have Been Solved	Successful Ideas That Worked Well
Any Other Feedback You Would Like to Offer About Your Committee or Your Position as Committee Chairperson	

Thank you for taking the time to provide feedback about your position and its role in this event. Your thoughts and ideas will prove to be helpful for those volunteers who will follow in your footsteps in the upcoming season(s).

Keith Fishwick, WO Championship/Competitions