



# MATHIS INDEPENDENT SCHOOL DISTRICT TOURNAMENT &/OR ATHLETIC CAMP AUTHORIZATION FORM

O – GS Cc – VC Principal Superintendent Sponsor Other: _____
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Tournament/Camp Title: \_\_\_\_\_

A. **Tournament Dates?** Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

B. **Coaching staff who are hosting the tournament/camp?**

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

C. **Building or Field where the tournament/camp will be held?**

\_\_\_\_\_

D. **Name of Administrator in Charge?** \_\_\_\_\_

E. **Tournament entry fee amount per team/student?** \$ \_\_\_\_\_.

F. **Detailed expected expenses?** (provide specific details, for example referees)

Estimated Costs: You may add a sheet of additional expenses if necessary.

1. \_\_\_\_\_ \$ \_\_\_\_\_.

2. \_\_\_\_\_ \$ \_\_\_\_\_.

**Projected Gross Sales and Projected Expenses:**

**Total Projected Sales** \$ \_\_\_\_\_

**Total Projected Expenses** \$ \_\_\_\_\_

**Projected Net Profit** \$ \_\_\_\_\_

**Sponsor  
Certification:**

I hereby certify that a profit/loss statement will be completed and submitted to the Athletic Director within 5 days after the termination of the event. In addition, I certify that all monies collected will be receipted and give to the business office or campus secretary with the district's cash handling procedures.

**Sponsor's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Authorizations:**

**Athletic Director:** \_\_\_\_\_ **Date:** \_\_\_\_\_

( ) Approved ( ) Disapproved

**Campus Principal:** \_\_\_\_\_ **Date:** \_\_\_\_\_

( ) Approved ( ) Disapproved

**Chief Financial Officer:** \_\_\_\_\_ **Date:** \_\_\_\_\_

( ) Approved ( ) Disapproved