# New York State Public High School Athletic Association
# OUTSIDE AGENCY Approval Application

**(for use in events involving New York State schools only - for interstate events use Sanctioning Application)**

**NYSPHSAA ELIGIBILITY STANDARD**

***18. OUTSIDE AGENCIES: Cooperation is permitted with any organization, college, or university which may offer encouragement and/or the use of facilities for competition. An application for approval is to be submitted to the Section Athletic Council. Approval may be given if these conditions are satisfied:***

1. ***A school, league, section or the Association must cosponsor the activity.***
2. ***Secondary school personnel shall be responsible for planning and for conducting the activity.***
3. ***The contest shall be developed with due regard for health and safety standards as set forth by the NYS Commissioner of Education Regulations, and policies and standards of the NYSPHSAA, Inc.***
4. ***Insurance shall be provided which will protect the participants in case of injury and the organization or institution against liability.***
5. ***The philosophy and standards which are to be followed shall be consistent with those listed in the most current NYSPHSAA, Inc. HANDBOOK.***
6. ***Financial arrangements are to be clearly specified in the application for approval.***

## To be completed by host member high school (complete ALL items)

APPLICATION DATE _____ SECTION (*Section 1-11*) Section VI DATE OF EVENT _____

HOST HIGH SCHOOL (or LEAGUE) RESPONSIBLE FOR EVENT _____

HOST HIGH SCHOOL (or LEAGUE )RESPONSIBLE PERSON _____

_____

*print name, phone numbers & email address of person responsible for this event*

EVENT NAME _____

SPORT _____ VENUE _____

*name the sport and specify Boys or Girls* *location of event*

EVENT CO-SPONSOR _____

*name of organization* *address* *city state zip*

CO-SPONSOR CONTACT _____

*print name* *title*

_____

*email address* *phone numbers:* *work* *cell*

PROVIDER of INSURANCE for EVENT* _____

*name & address of agency providing insurance*

FINANCIAL INFORMATION: On the **attached form** list entry fees, admission fees, sponsorship monies, expenses and the distribution of profits if any.

REQUIRED SIGNATURES OF APPLYING SCHOOL: Execution of this form constitutes an agreement by the administrators of the host school to assume oversight responsibility for the event and to be present on site at the event, either in person or by a designee.

SUPERINTENDENT _____

*name* *date*

HIGH SCHOOL PRINCIPAL _____

*name* *date*

ATHLETIC DIRECTOR _____

*name* *date*

**Provide a list of all participating high schools on the reverse side of application form.**

FOR SECTION ATHLETIC OFFICE USE ONLY

_____

Signature of Section Director Section # Date

* Insurance Certificate must be attached naming as additional insured: Section VI, NYSPHSAA, 355 Harlem Rd., West Seneca, NY. PLEASE List Date of Event on Certificate

# List ALL Participating High Schools

**New York schools only**

**PROPOSED BUDGET**
**Co-Sponsored Events (Outside Agencies)**
**Submit with application form.**

**Name of Co-sponsored Event: _____Date of Event _____**

**Estimated Income:**

**Gate Receipts** **$_____**

**Sponsors** **$_____**

**Entry Fees** **$ _____**

**Miscellaneous** **$_____**

**(itemize misc.)** **.....**

**Total Income** **$ _____**

**Estimated Expenditures:**

**Awards** **$ _____**

**Equipment/Supplies** **$ _____**

**Facilities** **$ _____**

**Officials** **$ _____**

**Personnel** **$ _____**

**Programs** **$ _____**

**Security** **$ _____**

**Miscellaneous** **$ _____**

**(itemize misc.)** **.....**

**Total Expenses** **$_____**

**(proposed income minus proposed expenses) Proposed Net Profit** **$_____**

**Charitable or educational programs net profit to be donated to: _____**

_____

**FINANCIAL REPORT**
**Co-Sponsored Events (Outside Agencies)**
**Submit within 2 weeks of completion of event.**

**Name of Co-Sponsored Event** _____ **Date of Event** _____

**Location of Event** _____

**Receipts:**

| | | |
|---|---|---|
| **Advance Sales** | **$** _____ | **(if more space is** |
| **Gate Receipts** | **$** _____ | **necessary, use back)** |
| **Program Sales** | **$** _____ | |
| **Souvenir Sales** | **$** _____ | |
| **Sponsorships** | **$** _____ | |
| **In-Kind Donations** | **$** _____ | |
| **Advertisements** | **$** _____ | |
| **Entry Fees** | **$** _____ | |
| **Radio/Television** | **$** _____ | |
| **Other:** | **$** _____ | |
| | **$** _____ | |
| | **Total Receipts** | **$** _____ |

**Expenditures:**

| | | |
|---|---|---|
| **Awards** | **$** _____ | **(if more space is** |
| **Equipment/Supplies** | **$** _____ | **necessary, use back)** |
| **Officials** | **$** _____ | |
| **Programs** | **$** _____ | |
| **Tickets** (tellers/sellers) | **$** _____ | |
| **Security** | **$** _____ | |
| **Custodial** | **$** _____ | |
| **Site Rental** | **$** _____ | |
| **Concessions** | **$** _____ | |
| **Other:** | **$** _____ | |
| | **$** _____ | |
| | **Total Expenditures** | **$** _____ |

**(receipts minus expenditures)** **Net Profit** **$** _____

**Charitable or educational programs net profit donated to and amounts:**

_____

_____

**Print Name, Title, Organization** _____

**Signature** _____ **Date** _____