

## **Ontario Volleyball Associaton**

## **SANCTIONED EVENT FINAL REPORT**

The Sanctioned Event Final Report should be forwarded to the OVA no later than two (2) weeks after the event has been completed, accompanied by any reconciliation owing.

1. Discipline	Car	mp	Clinic	Tournament	
2. Host Information	on:				
Event Director Nan	ne ( <b>Must</b> l	be a current OVA	Member):		
Address:					
City:		Pr	rovince:		Postal code:
Home Phone:		•		Work Phone:	
Email:					
3. Event Informat	ion:				
Name of Event:					
Location of the Eve	nt (Venue	, City, Contact at	Venue):		
Event Date(s):					
4. List any proble	ms that t	the sanctioned	event encounter	ed below:	
				Please note, an inju chased insurance th	ry report must be submitted to the rough the OVA.
Name of partici	pant	Тур	e of injury	Date in	njury report submitted to the OVA



OVA Sanctio	ned Event Final Report
6. Identify ways in which OVA can help the event in fu	uture vears:
	a list of ALL participants (including contact information – mber, city of residence), event manual and event e event taught participants) to:
first name, last name, email address, phone nun schedule and program outline (outlining what the	mber, city of residence), event manual and event
first name, last name, email address, phone num	mber, city of residence), event manual and event
first name, last name, email address, phone numeschedule and program outline (outlining what the OVA 60 Scarsdale Rd., Unit #111 Toronto, ON M3C 3N7	mber, city of residence), event manual and event
first name, last name, email address, phone numeschedule and program outline (outlining what the OVA 60 Scarsdale Rd., Unit #111	mber, city of residence), event manual and event
first name, last name, email address, phone numeschedule and program outline (outlining what the OVA 60 Scarsdale Rd., Unit #111 Toronto, ON M3C 3N7	mber, city of residence), event manual and event
first name, last name, email address, phone numerical schedule and program outline (outlining what the OVA 60 Scarsdale Rd., Unit #111 Toronto, ON M3C 3N7 Fax 416-426-7109	mber, city of residence), event manual and event e event taught participants) to:
first name, last name, email address, phone numeschedule and program outline (outlining what the OVA 60 Scarsdale Rd., Unit #111 Toronto, ON M3C 3N7	mber, city of residence), event manual and event
first name, last name, email address, phone numerical schedule and program outline (outlining what the OVA 60 Scarsdale Rd., Unit #111 Toronto, ON M3C 3N7 Fax 416-426-7109	mber, city of residence), event manual and event e event taught participants) to:
first name, last name, email address, phone numeschedule and program outline (outlining what the OVA 60 Scarsdale Rd., Unit #111 Toronto, ON M3C 3N7 Fax 416-426-7109	mber, city of residence), event manual and event e event taught participants) to:
first name, last name, email address, phone numerical schedule and program outline (outlining what the OVA 60 Scarsdale Rd., Unit #111 Toronto, ON M3C 3N7 Fax 416-426-7109	mber, city of residence), event manual and event e event taught participants) to:
first name, last name, email address, phone numeschedule and program outline (outlining what the OVA 60 Scarsdale Rd., Unit #111 Toronto, ON M3C 3N7 Fax 416-426-7109  Event Director Signature  For Office Use Only:  Date Received:	mber, city of residence), event manual and event e event taught participants) to:  Date  Date  Date Reconciliation Processed:
first name, last name, email address, phone numeschedule and program outline (outlining what the OVA 60 Scarsdale Rd., Unit #111 Toronto, ON M3C 3N7 Fax 416-426-7109  Event Director Signature  For Office Use Only:	mber, city of residence), event manual and event e event taught participants) to:  Date