



## Skate Canada -Western Ontario Competition Report

Name of Competition: \_\_\_\_\_ Date of Competition: \_\_\_\_\_

Hosting Region: \_\_\_\_\_

LOC Chairperson: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

### **Location of Event**

City: \_\_\_\_\_ Venue: \_\_\_\_\_

Rink Dimensions: \_\_\_\_\_ Number of Ice Pads Used: \_\_\_\_\_

### **Part A: Competition Executive and Committees**

Please indicate which individuals held the following positions:

<b>COMPETITION EXECUTIVE</b>	
Chairperson	
Vice-Chairperson	
Secretary	
Treasurer	
Competition Rep from Region (Advisor)	

<b>COMMITTEE CHAIRS (reports submitted)</b>	
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):	

### **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      Amount of profit generated: \_\_\_\_\_

Who received the profit from this event: \_\_\_\_\_

\_\_\_\_\_

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 used: \_\_\_\_\_

Cost per medal: \_\_\_\_\_

Name of the company that made the medals: \_\_\_\_\_

**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 for sale

Snack table or Dining Room items/prices:

Did you feed your volunteers:  Yes  No

If yes, what was the minimum length of their shift to qualify for a meal from the LOC: \_\_\_\_\_

What types of food services were arranged for volunteers and officials?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Average number of volunteers and officials served per meal: \_\_\_\_\_

Was a caterer used:  Yes  No

If yes, caterer's name: \_\_\_\_\_ Average 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)  
 Food/drink items for resale to skaters and spectators  
 Food/drink items for officials and volunteers  
 Other \_\_\_\_\_

### **Part G: Security**

Was security used:  Yes  No

If yes, in what area (s): \_\_\_\_\_

Number of volunteers/shift: \_\_\_\_\_ Length of shift: \_\_\_\_\_

### **Part H: Merchandise**

#### **PINS**

Did you sell pins:  Yes  No,

Number ordered: \_\_\_\_\_ Number sold: \_\_\_\_\_ Selling Price: \_\_\_\_\_ Cost/pin: \_\_\_\_\_

Name and phone # of company pins were purchased from: \_\_\_\_\_

#### **PROGRAMS**

Number printed: \_\_\_\_\_ Number sold: \_\_\_\_\_ Selling Price: \_\_\_\_\_ Cost/program: \_\_\_\_\_

Program printing company: \_\_\_\_\_

Were there advertisements in the program:  Yes  No

Please list your advertising rates:

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

#### **FLOWERS**

Did you purchase flowers for re-sale:  Yes  No

What types of flowers purchased: \_\_\_\_\_

Number ordered: \_\_\_\_\_ Number sold: \_\_\_\_\_ Selling price: \_\_\_\_\_ Cost/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

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 competition:

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 If yes, how many were secured: \_\_\_\_\_

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 wristbands used:  Yes  No

If no, which other item was used to identify paid admission: \_\_\_\_\_

How many produced: \_\_\_\_\_ Cost: \_\_\_\_\_

Company who produced item: \_\_\_\_\_

**Part K: Officials (Judges/Tech Panel, DS's & Audio/Electronic/Announcers)**

Total number of officials: \_\_\_\_\_

Judges/Tech Panel \_\_\_\_\_ Data Specialists \_\_\_\_\_ Audio/Electronic/Announcers \_\_\_\_\_

Type of gift given to the officials: \_\_\_\_\_

Cost of gift: \$ \_\_\_\_\_ per official

Number of hotel rooms required: \_\_\_\_\_ Hotel rate/room: \_\_\_\_\_

Beverages served at official's hospitality room: Beer  Wine  Water  Pop  Juice

Types of food served at official's hospitality room:  
\_\_\_\_\_  
\_\_\_\_\_

**Part L: Dressing Rooms**

Number of dressing rooms required: \_\_\_\_\_

Were these 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**

Who was secured as medical staff:  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

**Part N: Event Publicity**

Did you publicize your event:  Yes  No

If yes:  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: \_\_\_\_\_

**EXECUTIVE COMMITTEE MEMBER /COMMITTEE CHAIRPERSON'S REPORT**

Please **PHOTOCOPY** this page for each committee chair to report.

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

Name: \_\_\_\_\_

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).