



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

O – GS Cc – VC Principal Superintendent Sponsor Other: _____

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

Finance Officer: _____ **Date:** _____

() Approved () Disapproved