

## Skate Canada -Western Ontario Competition Report

Name of Competition: \_\_\_\_\_  
 Name of Hosting Club or Hosting Region: \_\_\_\_\_  
 Name of Competition Chairperson: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_  
 Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

### Location of Event

City: \_\_\_\_\_ Seating Capacity: \_\_\_\_\_  
 Venue: \_\_\_\_\_ Parking: \_\_\_\_\_  
 Rink Dimensions: \_\_\_\_\_ No. of Ice Pads: \_\_\_\_\_

### **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):	

If any member of the competition executive committee or any of the committee chairs are interested in providing feedback (e.g. suggestions on how a committee could be improved, successful ideas that worked well, potential problems that occurred and how they were dealt with/should have been dealt with), please have them fill out the Executive Committee Member/Committee Chairperson Feedback Form and include it at the back of the Official Competition Report.

## 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

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

How much profit was generated: \_\_\_\_\_

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 handed out: \_\_\_\_\_

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

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

## 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 available for purchase

If yes, where was the dining room located: \_\_\_\_\_

Menu & Prices items were sold for: \_\_\_\_\_

Did you feed your volunteers: ☐ Yes ☐ No - If yes, how long did they work for what they received: \_\_\_\_\_

What types of food services were arranged for volunteers and officials? Menu & Prices items if sold for:

Total number of people served per meal: spectators \_\_\_\_\_ volunteers \_\_\_\_\_

Was a caterer used: ☐ Yes ☐ No

If yes, please name the caterer: \_\_\_\_\_ 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)

☐ Goods for resale to skaters and spectators

☐ Goods for officials and volunteers

☐ Other \_\_\_\_\_

### Part G: Security

Was security needed: ☐ Yes ☐ No

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

How many volunteers were required per shift: \_\_\_\_\_

How long were their shifts: \_\_\_\_\_

### Part H: Merchandise

#### PINS

Did you sell pins: ☐ Yes ☐ No, How many ordered: \_\_\_\_\_ How much did you charge: \_\_\_\_\_

How many pins were sold: \_\_\_\_\_ Cost per pin: \_\_\_\_\_

Name and Phone # of Company pins were purchased from: \_\_\_\_\_

#### PROGRAMS

Total number printed: \_\_\_\_\_ Total number sold: \_\_\_\_\_ Amount Sold For: \_\_\_\_\_

Name of company hired to make programs: \_\_\_\_\_ Cost per program: \_\_\_\_\_

Were there advertisements in the program: ☐ Yes ☐ No

Please list your advertising rates:

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

#### FLOWERS

Did you purchase flowers for re-sale: ☐ Yes ☐ No Re-Sale price per flower: \_\_\_\_\_

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

Total number ordered: \_\_\_\_\_ Total number sold: \_\_\_\_\_ Cost per 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

How many in total were present: \_\_\_\_\_

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 event:

- |    |     |
|----|-----|
| 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

How many did you get: \_\_\_\_\_

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 tickets used: ☐ Yes ☐ No If so, what type of ticket: \_\_\_\_\_

How many printed: \_\_\_\_\_ Who printed tickets: \_\_\_\_\_ Cost: \_\_\_\_\_

## Part K: Officials (Judges, Accountants & Announcers)

Total number of officials: \_\_\_\_\_ Judges \_\_\_\_\_ Accounting \_\_\_\_\_ Music \_\_\_\_\_

Was a gift given: ☐ Yes ☐ No Type of Gift: \_\_\_\_\_

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

Number of hotel rooms required: \_\_\_\_\_ Hotel Rate per Room: \_\_\_\_\_

Was there a hospitality room: ☐ Yes ☐ No

Beverages served: Beer ☐, Wine ☐, Mixed Drinks ☐, Water ☐, Pop ☐, Juice ☐

Approximate cost: \$ \_\_\_\_\_ Types of food served: \_\_\_\_\_

Were Section Caddie Boxes used: Yes ☐ No ☐

## Part L: Dressing Rooms

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

Was this a satisfactory number of dressing rooms: ☐ Yes ☐ No

Did the facility have 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

Was medical staff present at the event: ☐ Yes ☐ No

If yes, whom did you obtain for the event: ☐ 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

Was the Sectional Medical Bag (RED) used: ☐ Yes ☐ No

## Part N: Event Publicity

Did you publicize your event: ☐ Yes ☐ No

If yes, then how: ☐ 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: \_\_\_\_\_ Ph.# (\_\_\_\_) \_\_\_\_\_

**Skate Canada Western Ontario Section  
Competition Report**

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

Please PHOTOCOPY this page for each committee chair's report.

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

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

Event: \_\_\_\_\_

Committee: \_\_\_\_\_

Position: \_\_\_\_\_

<b>Areas to Improve Upon</b>	<b>Volunteers and Their Duties</b>
<b>Problems You Encountered and How They Were Solved/Should Have Been Solved</b>	<b>Successful Ideas That Worked Well</b>
<b>Any Other Feedback You Would Like to Offer About Your Committee or Your Position as Committee Chairperson</b>	

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).

Linda Dunlop  
WO Championship Chair