

TOURNAMENT CHECKLIST

name of tournament	year	no. of teams	cost per team
chairperson/director name(s)		website	
street address	city	state	zip
home telephone	cell phone	email address	
date(s) of tournament		times	

site(s) requested

Sponsor Group Council Affiliate Non-Affiliate

_____ sponsor group name

<input type="checkbox"/> Pre-tournament meeting with representative(s)	_____ date		
<input type="checkbox"/> Insurance certificate requested	<input type="checkbox"/> Received	<input type="checkbox"/> Not required	
<input type="checkbox"/> Permit policy explained	<input type="checkbox"/> Maintenance shop notified	<input type="checkbox"/> Supplies ordered	
<input type="checkbox"/> BCPS notified	<input type="checkbox"/> Parking police	_____ sites	
<input type="checkbox"/> Parking policy explained	_____ sites		
<input type="checkbox"/> Crowd control policy explained	<input type="checkbox"/> Inclement weather: Will meet at	_____ Friday	_____ Saturday
<input type="checkbox"/> Playing conditions policy explained		_____ Sunday	_____
		site	time

Pre-tournament site inspection _____ date

Representative(s) to attend site inspection _____ name(s)

Post-tournament site inspection _____ date

Representative(s) to attend site inspection _____ name(s)

Scheduling policy explained Yes No Schedule submitted by _____

Site representative(s) policy explained Site representative(s) list submitted

Part-time staff assigned	Gifts & Grants	name	phone number
_____ site	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ name	_____ phone number
		<input type="checkbox"/> Staff list submitted	

Staffing requirements explained

<input type="checkbox"/> Restroom policy explained	<input type="checkbox"/> Portable toilets	_____ sites
<input type="checkbox"/> Trash policy explained	<input type="checkbox"/> Dumpster	_____ sites

Council approval

Facility(ies) permits submitted _____ date Approved _____ date

Vendor permits on file Equipment policy explained

Financial reporting policy explained Completed