Final Sport Report - Sport _____

1. Team Tournament Results – Please attach a bracket record.
2. League, Conference and Section Individual Tournament Results – Please attach information (if applicable).
3. Regional Competition Results (if applicable): _____

   _____

   _____
4. Intersectional Competition Results: _____

   _____

   _____

   _____

   _____
5. Difficulties Encountered: _____

   _____

   _____

   _____
6. Do you have any recommended changes in Rules and Regulations?

   ☐ YES ☐ NO If yes, please attach.
7. Do you have any recommendations for the Policy Committee?

   ☐ YES ☐ NO If yes, please attach.
8. Do you have any recommendations for the Tournament Committee?

   ☐ YES ☐ NO If yes, please attach.
9. Do you have any recommendations for the Placement Committee?

   ☐ YES ☐ NO If yes, please attach.
10. List schools having Individual Competitors: _____

    _____
11. Have you filed a NYSPHSAA Sport Committee Report? ☐ YES ☐ NO
12. Have you filed a NYSPHSAA Championship Travel Report? ☐ YES ☐ NO

SECTION XI
TRAVEL
CONFERENCE-TRIP REIMBURSEMENT FORM

This form shall be used by any individual who **has** attended a meeting or conference at which an expenditure was incurred and who is seeking reimbursement for such expenses.

Name _____

Address _____

Conference Trip Title_____

Location _____ Date(s) _____

EXPENSE CATEGORY	DETAIL	ACTUAL COST
Housing		
Meals		
Travel/Mileage 72.5 cents/mi as of 1/1/26		
Misc. Tolls, Fees, Etc.		
Sport Chair State Meeting ($100) Please provide agenda		
	Total	$

PLEASE NOTE:

- ORIGINAL receipts for all expenses claimed must be mailed with this form (no copies)
- Printed MAPQUEST must be attached. EZ PASS printouts are still acceptable.
- Please mail this original form to Section XI- NO FAXES.
- **SUPERVISION WILL BE INCLUDED WITH YOUR STIPEND – PLEASE PROVIDE INFORMATION ON YOUR END OF SEASON REPORT NOT HERE!**

_____ _____
Signature Date

_____
Social Security #

APPROVAL FOR PAYMENT

_____ _____
Executive Director Date

1/1/2026

SECTION XI
INDIVIDUAL PAYMENT FORM

(please print – use ink – no pencil)

Legal Name *(no nicknames)*: _____

Address: _____

Town Zip

Soc Sec #: ___-___-____ Signature _____

Date	**Description / Event**	**Responsibilities** (e.g. Timer, Supervisor, etc.)	**Amount**
		TOTAL	

Authorizing Signature _____

Position _____ **Date** _____

RETURN ORIGINAL FORM TO: **SECTION XI**
1 INDEPENDENCE HILL SUITE 270
FARMINGVILLE, NY 11738

SECTION XI

EXPENSE CLAIM FORM

Date _____

Name _____

Signature _____

Item
Description _____

Claim Amount $_____

NOTE: Original receipt(s) must be attached. Any original packing slips must be signed and attached. Documentation as to the purpose of the expense must also be attached, if applicable.

FOR OFFICE USE ONLY:

Approval _____ _____
Executive Director Date

Date of Payment _____

SECTION XI
ROOMING LIST

Sport ______________________ **School** (if applicable)______________________

Room	Name	School

Room	Name	School

COACHES:

Room	Name	School

Room	Name	School

BUS DRIVER:

Room	Name
	TBA

Email to: stissenbaum@sectionxi.org

roomlist.forms

TOURNAMENT
GATE LIST/SUPERVISION LIST

SPORT _____ CONTEST DATE _____ SITE: _____

A. Each school is permitted 12 people only. (One name per line, please.)
B. Ticket takers are to check off the names of those admitted.
C. Should Administrators or Board of Education members insist they should be on the list, add their name(s) legibly and Section XI will bill that district.
D. This form should be returned in ticket packet with Contest Report.

	Name	**Attended** Please check if yes
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		

PLEASE NOTE: Gate list should be sent to John Dee at the Longwood Athletic Office (fax# 345-9292) no later than 24 hours prior to the contest.

_____ _____
Signature of Athletic Director School

SECTION XI
INCIDENT-ACCIDENT REPORT

SPORT: ______________

CHAIRMAN: ____________________

Date of Event: ______________ Site: ______________________

Occurrence:

____

____

____

____

____

____

____

____

____

____

____

____

____

____

____

____

____

____

_________________ ______________________________
Date Submitted Signature

Inc-accreport.spth