# SECONDARY CATHOLIC SPORTS ASSOCIATION



 ABN :- 33 170 758 816

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The following report proforma needs to be completed after each Carnival or Tournament has been completed and sent to the Executive Officer. This should be returned with a copy of the results within 2 weeks of the event finishing.

**Please comment on each area to provide feedback to the SCSA Executive committee.**

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| **EVENT NAME :-**  |
| **DATE:-**  |
| **VENUE AND LOCATION:-**  |
| **STANDARD OF THE VENUE**:- Comment:-  |
| **FACILITIES FOR STAFF AND STUDENTS** (including toilets etc)Circle:- **POOR FAIR GOOD** **EXCELLENT**Comment |
| **VENUE STAFF (were they helpful, etc):** |
| **FIRST AID (comment needed):** |
| **REPORT OF ANY MAJOR ACCIDENT INCIDENCES:-** |
| **REFEREES / UMPIRES:-**  |
| **TROPHIES/ PENNANTS/MEDALS/ AWARDS:-** |
| **CANTEEN / CATERING:-** |
| **OFFICIALS:-**  |
| **PROGRAM:-**  |
| **REPORT OF ANY INCIDENTS:-** |
| **RUBBISH AND STATE OF THE VENUE AT THE END OF THE DAY:**  |
| **OVERALL SUCCESS OF THE DAY: + IMPROVEMENTS & SUGGESTIONS TO BE MADE FOR FUTURE TOURNAMENTS /CARNIVAL:**  |