



LAUSD TOURNAMENT/SHOWCASE PAPERWORK

This form will be used in arranging tournament interscholastic athletic tournaments. Host school and satellite sites will each need to submit this form when obtaining an in-season permit.

This **Tournament/Showcase request form** is completed by athletic administrator or athletic director of

_____ High School and _____ High School
 for _____ tournament in _____ to be played as follows:
 (Boys' or Girls') (Name of Sport)

CIF-LA Sanction # _____

LEVEL	SITE	DATE	STARTING TIME
Varsity	_____	_____	_____
Jr. Varsity	_____	_____	_____
Frosh-Soph	_____	_____	_____

REMARKS: _____

FINANCIAL ARRANGEMENTS & OTHER INFORMATION

- | | | | |
|-----------------------------|----------|-------------------------------------|-------|
| A. General Admission | \$ _____ | G. Digital Ticket Platform (Name) | _____ |
| B. Student Entry Fee | \$ _____ | H. Financial Manager Approved | _____ |
| C. Medical Attendant Cost | \$ _____ | I. Concessions, if yes (Group Name) | _____ |
| D. Official Fees | \$ _____ | J. School Police Arranged | _____ |
| E. Awards Cost | \$ _____ | K. Outside Vendors, if any | _____ |
| F. Working Personnel Budget | \$ _____ | L. Posted on fundraising.lausd.net | _____ |

ADDITIONAL FINANCIAL TERMS: _____

Print Name of Tournament Director (Point of Contact): _____

Contact info of Tournament Director (Point of Contact):
 (email & cell number) _____

All contests must be played consistent with the rules of California Interscholastic Federation and the CIF-LA City Section of which the participating schools are members, as well as District policies and procedures. Provide promotional flyer, list of participating schools, and upon completion of tournament submit a reconciliation budget report.

HOST SCHOOL INFORMATION	SATELITE SCHOOL INFORMATION (IF ANY)
School Name _____	School Name _____
School Address _____	School Address _____
School Phone Number _____	Supervisor of contests _____
Tournament Director _____	Supervisor Cell # _____
Director Email/Cell _____	
X	X
Host School Principal's Signature _____	Visiting School Principal's Signature _____
Host School Athletic Administrator's Signature _____	Visiting School Athletic Administrator's Signature _____
Date: _____	Date: _____
Host A.D. Email Address _____	Visiting A.D. Email Address _____
Host A.D. Cell Phone # _____	Visiting A.D. Cell Phone # _____

NOTE: All tournament forms are valid if signed by the principal and the athletic administrator at each school. If there is more than one satellite LAUSD school being used, a separate form with the satellite site's principal's and athletic director's authorization is

Interscholastic Athletic Dept: _____
 Approval and Dated IAD Staff Signature _____ Date _____

DISTRICT ATHLETIC DEPT. LAST TO SIGN FORM

IAD Last to Sign Form

