



145 Pacific Avenue
Winnipeg, MB
R3B 2Z6

Sanctioned Event Post-Event Report

Event Name: _____ Date: _____

Host Name: _____

Post Event Details:

Total Number of Registered Programs/clubs: # of schools _____, # of clubs _____

Total Number of Registered Participants: _____

Estimated number of spectators in attendance: _____

Total number of Full Team Routines: _____

Total number of Individual Routines: _____

Total number of Duo Routines: _____

Total number of Stunt Group Routines: _____

Total number of Partner Stunt Routines: _____

Vendor Information

Please provide us with Vendor information from your event with permission from your vendors.

**attached additional page if needed

Vendor #1 Name: _____

Telephone Number: _____ E-mail: _____

Website: _____

Vendor #2 Name: _____

Telephone Number: _____ E-mail: _____

Website: _____

Vendor #3 Name: _____

Telephone Number: _____ E-mail: _____

Website: _____

Vendor #4 Name: _____

Telephone Number: _____ E-mail: _____

Website: _____

Vendor #5 Name: _____

Telephone Number: _____ E-mail: _____

Website: _____

Vendor #6 Name: _____

Telephone Number: _____ E-mail: _____

Website: _____

First Aid:

Name of First Aid Responder #1: _____ Type of First Aid: _____

Expiration Date: _____ Telephone Number: _____

Name of First Aid Responder #2: _____ Type of First Aid: _____

Expiration Date: _____ Telephone Number: _____

Incident/Injury Report

***Attach additional page if needed**

| | |
|-----------------------------|----------|
| Name: | Program: |
| Injury & Treatment details: | |
| Treated by: | |

| | |
|-----------------------------|----------|
| Name: | Program: |
| Injury & Treatment details: | |
| Treated by: | |

| | |
|-----------------------------|----------|
| Name: | Program: |
| Injury & Treatment details: | |
| Treated by: | |

| | |
|-----------------------------|----------|
| Name: | Program: |
| Injury & Treatment details: | |
| Treated by: | |

Event Contacts:

Please list the companies you utilized to run your competition with permission from your contacts

Music: _____ Company: _____
Main Contact: _____ E-mail: _____
Phone Number: _____

Backdrop/Curtains: _____ Company: _____
Main Contact: _____ E-mail: _____
Phone Number: _____

Decorations: _____ Company: _____
Main Contact: _____ E-mail: _____
Phone Number: _____

Photographer: _____ Company: _____
Main Contact: _____ E-mail: _____
Phone Number: _____

Printing/Copying: _____ Company: _____
Main Contact: _____ E-mail: _____
Phone Number: _____

Awards: _____ Company: _____
Main Contact: _____ E-mail: _____
Phone Number: _____

Lighting: _____ Company: _____
Main Contact: _____ E-mail: _____
Phone Number: _____



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Sanctioned Event Payment

| | |
|---|----------|
| Event Sanctioning | \$150.00 |
| Judges Fees (as previously outlined and invoiced by Cheer Manitoba) | \$ |
| Penalty Fee (if applicable) | \$ |
| Total | \$ |

All Cheques can be made payable to the Cheer Manitoba

* E transfers can be sent to pay@cheermanitoba.ca *

Report completed by: _____

Position/Role: _____

Signature: _____ Date: _____