



GYMNASTICS ONTARIO EVENT/COMPETITION TRIP REPORT

Please print clearly or type.

Name of Event/Competition		Date(s) Departure (D/M/Y) Return (D/M/Y)		
Name and role of person submitting this report		Date Report Completed (D/M/Y)		
ITINERARY	Date(s) of Travel	Where Travel Originated (Indicate city, prov, country)	Destination (Indicate city, prov, country)	Mode of Transportation Used
	General comments / recommendations:			
ACCOMMODATION	Location (City)	Type of Accommodation	Suitability	
	General comments / recommendations:			
GROUND TRAVEL	Location (Indicate beginning point & destination)		Mode/Type of Ground Transportation Used	
	General comments / recommendations:			
COMPETITION	Competition Venue (describe and give general comments):			
	Equipment (general comments):			
	General Organization (general comments):			
Team Interaction and Group Dynamics (general comments):				

MEDICAL INCIDENTS	Name of Team Member		Type of Injury		
	Describe how it occurred				
	Name of Team Member		Type of Injury		
	Describe how it occurred				
	Name of Team Member		Type of Injury		
	Describe how it occurred				
General comments / recommendations regarding medical attention:					
GIFTS GIVEN	Name of Person receiving gift		Position/Role		Description of Gift
GIFTS RECEIVED	Name of Person receiving gift		Position/Role		Description of Gift
PUBLIC RELATIONS	Interviews/contacts with media				
	Written correspondence				
	Speaking engagements				
	Official functions attended				
	General comments / recommendations:				

OTHER ACTIVITIES ATTENDED	Describe educational, recreational and other activities arranged by hosts or by Team Manager for Team Members (including Banquet, group outings, sight seeing, etc.)		
	General comments / recommendations:		
CONTACTS	Name of Contact (Include mailing address, phone number, fax number, email)	Position/Title and area of responsibility	Describe assistance provided, whether their name should be kept on file for reference & whether a thank you note should be written & if so, by whom.
RESPONSIBILITIES	List responsibilities & duties you assumed/acquired & general comments regarding your managerial role		
	General comments / recommendations:		

AS PE CT	Positive aspects of the trip not yet identified in report
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PROBLEMS	Problems encountered on trip not yet identified in report and recommendations on how these problems could be avoided in the future
RECOMMENDATIONS	List recommendations for future trips not yet identified in report
	List of items that should definitely be taken on every trip, would be beneficial if taken on trip, as well as listing items that were not needed and do not need to be included in a manager's package.
DOCUMENTATION INCLUDED	<p>The Following documents have been attached to this report:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Competition Program <input type="checkbox"/> One full set of competition results <input type="checkbox"/> Newspaper clippings <input type="checkbox"/> Press releases <input type="checkbox"/> Photographs <input type="checkbox"/> Financial statement <input type="checkbox"/> Copies of all completed incident/accident report forms <input type="checkbox"/> All participation consent and medical date record forms <input type="checkbox"/> Other printed material pertinent to trip

NOTE: This report must be submitted to Gymnastics Ontario within three (3) weeks of the final day of the event / competition. Reimbursement for expenses or honoraria will be withheld until a completed report is submitted and approved by the appropriate Gymnastics Ontario Program Coordinator.

Forward the completed report to:
Gymnastics Ontario
Attention: Program Manager
3 Concorde Gate, Suite # 214, Toronto, Ontario, M3C 3N7