BEFORE COMPLETING FORM – CONTACT KISD ATHLETIC DEPARTMENT 281-396-7780

Katy Independent School District

TOURNAMENT AGREEMENT FORM

(FOR USE ONLY WHEN A COACH IS HOSTING A TOURNAMENT)

SCHOOL: _____

COACH: _____

SPORT: _____

LEVEL: CIRCLE ONE 7th A B C 8th A B C 9th A B SOPH JV VARSITY

BEGINNING BRACKET TIMES/DAYS: _____

NAME OF TOURNAMENT: _____

DATE: _____ SITE: _____

RESPONSIBILITIES	SPLIT	COACH	KISD ATHLETIC DEPT.
SECURITY			
CONTACT			_____
PAY	_____	_____	_____
STADIUM / GYM WORKERS			
CONTACT			_____
PAY	_____	_____	_____
OFFICIALS			
CONTACT & SCHEDULING			_____
PAY (Set by UIL)	_____	_____	_____
ENTRY FEES			
RECEIVE ALL		_____	_____
KEEP ALL		_____	_____
GATE - KEEP ALL		_____	_____
TROPHIES / AWARDS			
ORDER		_____	_____
PAY	_____	_____	_____
PICK-UP		_____	_____
CUSTODIAL STAFF			_____
CONCESSIONS - NOTIFY			_____

_____ _____

COACH SIGNATURE DATE

_____ _____

HS COORDINATOR SIGNATURE DATE

_____ _____

KISD ATHLETIC DEPARTMENT SIGNATURE DATE

Copy for: Coach
Copy for: Athletic Director
Copy for: Campus Principal