

# New York State Public High School Athletic Association OUTSIDE AGENCY Approval Application

(for use in events involving New York State schools only - for interstate events use Sanctioning Application)

## NYSPHSAA ELIGIBILITY STANDARD

**18. OUTSIDE AGENCIES:** Cooperation is permitted with any organization, college, or university which may offer encouragement and/or the use of facilities for competition. An application for approval is to be submitted to the Section Athletic Council. Approval may be given if these conditions are satisfied:

1. A school, league, section or the Association must cosponsor the activity.
2. Secondary school personnel shall be responsible for planning and for conducting the activity.
3. The contest shall be developed with due regard for health and safety standards as set forth by the NYS Commissioner of Education Regulations, and policies and standards of the NYSPHSAA, Inc.
4. Insurance shall be provided which will protect the participants in case of injury and the organization or institution against liability.
5. The philosophy and standards which are to be followed shall be consistent with those listed in the most current NYSPHSAA, Inc. HANDBOOK.
6. Financial arrangements are to be clearly specified in the application for approval.

**To be completed by host member high school (complete ALL items)**

APPLICATION DATE 6/20/23 SECTION (Section I-II) 11 DATE OF EVENT Sept 23, 2023

HOST HIGH SCHOOL (or LEAGUE) RESPONSIBLE FOR EVENT Sachem CS D

HOST HIGH SCHOOL (or LEAGUE) RESPONSIBLE PERSON Dan Schaub

631-327-9893 dschaub@sachem.edu

*print name, phone numbers & email address of person responsible for this event*

EVENT NAME Suffolk County Coaches Invitational

SPORT Cross Country VENU Kings Park - Sunken Meadow State Park  
*name the sport and specify Boys or Girls* *location of event*

EVENT CO-SPONSOR Suffolk County Cross Country; Trade Coaches Association  
*name of organization*

CO-SPONSOR CONTACT Vin Ungaro Association President  
*print name* *title*

coachungaro@coachungaro.com X 631-278-3646  
*email address* *phone numbers:* *work* *cell*

PROVIDER of INSURANCE for EVENT\* Cotgreave Insurance Company 558 Portland Rd Ronkonkoma NY 11779  
*name & address of agency providing insurance*

FINANCIAL INFORMATION: On the attached form list entry fees, admission fees, sponsorship monies, expenses and the distribution of profits if any.

REQUIRED SIGNATURES OF APPLYING SCHOOL: Execution of this form constitutes an agreement by the administrators of the host school to assume oversight responsibility for the event and to be present on site at the event, either in person or by a designee.

SUPERINTENDENT \_\_\_\_\_  
*name* *date*

HIGH SCHOOL PRINCIPAL \_\_\_\_\_  
*name* *date*

ATHLETIC DIRECTOR \_\_\_\_\_  
*name* *date*

**Provide a list of all participating high schools on the reverse side of application form.**

FOR SECTION ATHLETIC OFFICE USE ONLY

Signature of Section Director \_\_\_\_\_ Section # \_\_\_\_\_ Date \_\_\_\_\_

**\*Insurance Certificate must be attached naming Section as additional insured.**

## List ALL Participating High Schools

New York schools only

All schools from Section XI, Section VIII : the  
NSCHSAA ; NSCHSGAA are invited.

**PROPOSED BUDGET**  
**Co-Sponsored Events (Outside Agencies)**  
**Submit with application form.**

Name of Co-sponsored Event: Suffolk County Coaches Invitational (XC) Date of Event 9/23/23

**Estimated Income:**

Gate Receipts \$ 0  
Sponsors \$ 0  
Entry Fees \$ 8885 - Last year's entry fees  
Miscellaneous \$ 0  
(itemize misc.) .....

**Total Income**

\$ 8885

**Estimated Expenditures:**

Awards \$ 3800  
Equipment/Supplies \$ 200  
Facilities \$ 400  
Officials \$ —  
Personnel \$ 1000  
Programs \$ 0  
Security \$ —  
Miscellaneous \$ —  
(itemize misc.) Insurance \$1400 ~~EMT's~~ EMT's \$1400 .....

**Total Expenses**

\$ 8200

**(proposed income minus proposed expenses) Proposed Net Profit**

\$ 700

Charitable or educational programs net profit to be donated to: Athlete Scholarships  
to seniors