

MINNESOTA STATE HIGH SCHOOL LEAGUE REGION 5A
 SUBSECTION or SECTION TOURNAMENT REPORT

Date of Event

Activity

Subsection#

Section #

Site

Please complete this report form and return to your REGION SECRETARY (see page 4)
 IMMEDIATELY following the conclusion of your tournament.

Thank you for your efforts in managing this activity. The coaches, athletes and member schools
 appreciate your interest and attention to the details necessary for providing a fine
 tournament experience.

Tournament Manager/Site Manager:

Address:

City, State, Zip:

Phone No:

E-mail:

PARTICIPATION REPORT

List the participating schools and number of entries from each school:

School	# of Entries
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Total # of schools participating

Champion

Total # of students participating

Runner-up

Attendance

Score

Was this activity broadcast? Y/N

If Yes, what format?

TOURNAMENT RECEIPTS SUMMARY

(To be completed by the Subsection or Section Tournament Manager/Site Manager and the Region Secretary)

TICKET REPORT

Students

Beginning Ticket #	Ending Ticket #	Tickets Sold	Price	Amount
				0
				0
				0
				0
Total Student Tickets		0 @ \$		0

Adults

Beginning Ticket #	Ending Ticket #	Tickets Sold	Price	Amount
				0
				0
				0
				0
Total Adult Tickets		0 @ \$		0

Total Tickets	<input type="text" value="0"/>	
Total Ticket Sales		\$ -
Entry fees	@	\$ -
Radio Broadcast Rights Fees		
Television Broadcast Rights Fees		
Webcasting Rights Fees		
Program Sales		
Other		
TOTAL GROSS RECEIPTS		\$ -

Sales Tax Paid by Region Secretary

ACTIVITY EXPENSE SUMMARY

(This section must be completed by the Sub-Section or Section Coordinator/Site Manager & Region Secretary)

Invoices for billing must be submitted by the Site Manager to the Region Secretary.
All bills must be approved by the Region Committee and paid by the Region Secretary.

<u>SERVICE PROVIDED</u>	<u># of Workers</u>	<u>RATE</u>	<u>TOTAL</u>
(Attach a separate list if necessary. Do NOT include Officials)			
Site Manager	1	X	\$ _____
_____		X	\$ _____
_____		X	\$ _____
_____		X	\$ _____
_____		X	\$ _____
_____		X	\$ _____
_____		X	\$ _____
_____		X	\$ _____
_____		X	\$ _____
_____		X	\$ _____
_____		X	\$ _____
_____		X	\$ _____
_____		X	\$ _____
_____		X	\$ _____
_____		X	\$ _____
_____		X	\$ _____
_____		X	\$ _____
PERSONNEL TOTAL (**):			_____

<u>DISBURSEMENTS</u>	Amount Paid by <u>Event Site</u>
Personnel Total (**):	\$ _____
Officials	\$ _____
Officials Mileage	\$ _____
Site Rental (Neutral Site Only)	\$ _____
Supplies (Attach receipts)	\$ _____
Food (Attach receipts) (Hospitality Room if applicable)	\$ _____
Related Expenses (Attach receipts)	\$ _____
FICA/TRA/PERA (If applicable) (Attach detail sheet of FICA/TRA/PERA paid if reimbursement is required)	\$ _____
DISBURSEMENTS TOTAL:	\$ _____
<i>NOTE: Your school will receive ONE (1) check for reimbursement of your site's expenses</i>	

This section to be completed by Region Secretary ONLY	
Disbursements Total:	\$ _____
SUB-TOTAL:	\$ _____
_____	\$ _____
TOTAL:	\$ _____

CHECKLIST:

You must include:

- 1. Ticket Report (beginning and ending ticket numbers)
- 2. Tournament Receipts Summary
- 3. Tournament Disbursements Summary
- 4. Sign Tournament Report Form
- 5. Return Tournament Report Form to Region Secretary

Additional items the Region Secretary may require:

- 1. Participation Report
- 2. Completed evaluation
- 3. Order additional medals and trophies for ties and/or duplicates

Signatures Required:

Tournament Manager/Site Manager

Region Secretary

RETURN TO:

Pete Cheeley, 5A MSHSL
Region Secretary
2973 Aurora Lane
St. Cloud, MN 56303