



**MINNESOTA STATE HIGH SCHOOL LEAGUE
REGION 4A Non-Gate TOURNAMENT REPORT**

To: Tournament Manager/Coordinator/Site Manager

Rick Johns
3526 72nd Street East
Inver Grove Heights, MN 55076
4aregion@gmail.com
651-706-3730

This form must be completed and submitted
IMMEDIATELY following the conclusion of your
tournament to:

Date of event: _____ Section: _____
Activity: _____ **Site of Event:** _____
City and County of Site: _____

Tournament Manager/Site Manager: _____
Address: _____ City State Zip _____
Phone: _____ Fax: _____ Email: _____

PARTICIPATION REPORT

List the participating schools:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

EVALUATION

Your evaluation and recommendations will enable the Region Committee to consider improvements for future tournaments.

Summary:

Recommendations for next year:

PLEASE ATTACH ANY FORMAL RESULTS AS SENT OUT TO THE MEDIA OR MSHSL

Expenses	Number	Amount
Site workers		\$
Site Manager		

Attach a detailed list of miscellaneous expenses. Provide a signed voucher (attached) if reimbursement is to an individual.

Host Schools will receive one check for the their expenses for the activity being hosted. Other vendors should supply an invoice for payment. If possible school fees should be sought and sent to the Region Secretary in advance of activity. Any fees sent to the host school or collected the day of the event should be sent to the Region Secretary as soon as possible.

No reimbursement to vendors should be made out of fees.

Checks should not be accepted for fees from the public. Checks should be from participating schools.

THE TOURNAMENT OR SITE MANAGER MUST SIGN THIS REPORT.

Signature of Tournament or Site Manager

I have received this document from the above-named Tournament/ Site Manager, and I find it to be accurate.

Region Secretary Signature:



Date: _____

VOUCHER

SECTION 4A

Date of event_____

Activity_____

Site_____

Manager_____

Claimant _____

Address_____

Goods received or SERVICES rendered:

TOTAL \$_____

I declare under the penalties of law that this account, claim or demand is just and correct and that no part of it has been paid.

Date: _____

Check Number _____

Signature of Claimant _____

Send to:

Michael Aurich
19800 Dawson Lane
Farmington, MN 55024

Email: 4aregion@gmail.com

Please attach receipts.