

MINNESOTA STATE HIGH SCHOOL LEAGUE REGION 6A SUBSECTION or SECTION TOURNAMENT REPORT

Date of Event: _____ Section # Subsection #

Activity: _____ Site: _____

<p>To: Tournament Manager/Site Manager: Check written to REGION 6A This form must be completed and submitted IMMEDIATELY following the conclusion of your tournament to: REGION 6A Chuck Evert</p>	<p>CHUCK EVERT Region 6A Secretary 23168 Oak Leaf Ln Battle Lake, MN 56515</p>
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Tournament Manager/Coordinator/Site Manager: _____

Address: _____ City State Zip: _____

Phone No: _____ Fax No: _____ Email: _____

PARTICIPATION REPORT

List the participating schools:

School and(fee if charge)	School	School

EVALUATION

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

SUMMARY: _____

RECOMMENDATIONS FOR NEXT YEAR: _____

	Team	Score	Team	Score
Game 1:	_____	_____	VS	_____
Game 2:	_____	_____	VS	_____

TICKET REPORT

STUDENT	Beginning Ticket Number	Ending Ticket Number	Tickets Sold	Price	Amount
Roll #1				@ \$	= \$
Roll #2				@ \$	= \$
Roll #3				@ \$	= \$
Adv. Roll #4				@ \$	= \$
Total Student Tickets Sold				@ \$	= \$

ADULT	Beginning Ticket Number	Ending Ticket Number	Tickets Sold	Price	Amount
Roll #1				@ \$	= \$
Roll #2				@ \$	= \$
Roll #3				@ \$	= \$
Adv. Roll #4				@ \$	= \$
Total Adult Tickets Sold				@ \$	= \$

Total Student Receipts	\$	+Total Adult Receipts	\$	Total Game Receipts	= \$
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Entry Fees	\$	+Program Sales	\$	Total Gross Receipts	= \$
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EXPENSES	NAME	*Amount
Site Manager/Tournament Manager		\$
Announcer		\$
Scoreboard		\$
Ticket Sellers(s)		\$
		\$
Supervision		\$
		\$
		\$
Site rental if applicable		\$
		\$
Other (Please attach an additional page if necessary)		\$
Supplies (List)		\$

Remit the total receipts to the Region Secretary. DO NOT make any payments from the game receipts.

Signature of Tournament Manager/Coordinator/Site Manager: _____

Date: _____

TO BE COMPLETED BY THE REGION SECRETARY ONLY

LESS Sales Tax:	Sales \$ _____	+ City \$ _____	= \$ (-) _____
LESS MSHSL Foundation:	Sales \$ _____	+ City \$ _____	= \$ (-) _____
	*TOTAL NET RECEIPTS		\$ _____
	Total Net Receipts	\$ _____	
	Total Disbursements	\$ _____	
<input type="checkbox"/>	Net Profit	<input type="checkbox"/>	Or Loss
		\$ _____	

(Check One)

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

Region Secretary Signature: _____

Date: _____