



**MINNESOTA STATE HIGH SCHOOL LEAGUE
REGION 4A
TOURNAMENT REPORT**

To: Tournament Manager/Coordinator/Site Manager

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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:

Team: _____ **Score** _____ **vs.** **Team:** _____ **Score:** _____
Team: _____ **Score** _____ **vs.** **Team:** _____ **Score:** _____

TICKET REPORT

STUDENT	Beginning Ticket #	Last Ticket # Sold	Tickets Sold	Price		Amount
Roll # 1				@\$5.00	=	\$
Roll # 2				@\$5.00	=	\$
Roll # 3				@\$5.00	=	\$
Total Student Receipts:					=	\$

ADULT	Beginning Ticket #	Last Ticket # Sold	Tickets Sold	Price		Amount
Roll # 1				@\$10.00	=	\$
Roll # 2				@\$10.00	=	\$
Roll # 3				@\$10.00	=	\$
Total Adult Receipts					=	\$

Total Student Receipts	\$ _____
Total Adult Receipts	\$ _____
Total Event Receipts	\$ _____
Entry Fees	\$ _____
Program Sales	\$ _____
Total Gross Receipts	\$ _____

Expenses	Number	Amount
Site workers		\$
Other expenses		

Host Schools will receive one check for the designated amount for the activity being hosted. Any requests for additional compensation must be made before the event occurs by BOTH calling and emailing the Region Secretary.

Please email the tournament report as soon as possible and remit the total receipts to the Region Secretary within ten business days. No reimbursement will be made until gate receipt checks are received. **DO NOT make any payments from the gate receipts.**

THE TOURNAMENT OR SITE MANAGER MUST SIGN THIS REPORT.

Signature of Tournament or Site Manager

TO BE COMPLETED BY THE REGION SECRETARY ONLY		
Less Taxes:	Total Net Receipts	\$ _____
Sales \$ _____ + City \$ _____ = (-) _____	Total Expenses/Disbursements	\$ _____
Total Net Receipts \$ _____	Net Profit or Loss	\$ _____
	(Circle One)	

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

Region Secretary Signature: _____ Date: _____