

REGION 7A MINNESOTA STATE HIGH SCHOOL LEAGUE

School	
Gate	
Expenses	

SUBSECTION or SECTION TOURNAMENT REPORT

Date of Event	Activity & Level of Tournament	Section #
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To: Tournament Manager/Coordinator/Site Manager This form must be completed and submitted IMMEDIATELY (within one week) following the conclusion of your tournament to:	<i>(Region Secretary Name & Address)</i> Chad Stoskopf Executive Secretary 7A 38 Rahkola Road, Esko, MN 55733
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Tournament Location & Site Manager:				
School Address:		City/State/Zip:		
Phone:		Fax:		Email:

PARTICIPATION REPORT: LIST PARTICIPATING SCHOOLS:

GAME RESULTS

Team	Score	VS	Team	Score
Team	Score	VS	Team	Score

TICKET REPORT

STUDENT	Beginning Ticket Number	Ending Ticket Number	Tickets Sold	Price		Amount
				@ \$	=	\$
				@ \$	=	\$
				@ \$	=	\$
	Total Student	Receipts		@ \$	=	\$

ADULT	Beginning Ticket Number	Ending Ticket Number	Tickets Sold	Price		Amount
				@ \$	=	\$
				@ \$	=	\$
				@ \$	=	\$
	Total Adult	Receipts		@ \$	=	\$

TOTAL STUDENT RECEIPTS		+	TOTAL ADULT RECEIPTS		TOTAL GAME RECEIPTS	=	\$
					PROGRAMS	=	
					LIVE STREAM	=	
					TOTAL	=	

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

Summary of event & recommendations for next year's tournament

