MINNESOTA STATE HIGH SCHOOL LEAGUE

**SUBSECTION or SECTION TOURNAMENT REPORT**

**REGION 7AA APPENDIX L**

NEW

|  |  |  |
| --- | --- | --- |
| **Date of Event** | **Activity & Level of Tournament** | **Section #** |

| **To: Tournament Manager/Coordinator/Site Manager**This form must be completed and submitted **IMMEDIATELY (within one week)** following the conclusion of your tournament to: | ***(Region Secretary Name & Address)***Tom LenarzExecutive Secretary/Treasurer 7AA1123 Summit Ave., Cloquet, MN 55720 |
| --- | --- |

| **Tournament Location & Site Manager:**  |
| --- |
| **School Address:** |  | **City/State/Zip:** |  |
| **Phone:** |  | **Fax:** |  | **Email:** |  |

**PARTICIPATION REPORT: LIST PARTICIPATING SCHOOLS:**

|  |  |  |  |
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**GAME RESULTS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Team** | **Score** | **VS** | **Team** | **Score** |
|  |  |  |  |  |
| **Team** | **Score** | **VS** | **Team** | **Score** |

# TICKET REPORT

| STUDENT | Beginning Ticket Number | EndingTicket Number | Tickets Sold | Price |  | Amount |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  | @ $ | = | $ |
|  |  |  |  | @ $ | = | $ |
|  |  |  |  | @ $ | = | $ |
|  |  **Total Student** | **Receipts** |  | @ $ | = | $ |

| ADULT | Beginning Ticket Number | Ending Ticket Number | Tickets Sold | Price |  | Amount |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  | @ $ | = | $ |
|  |  |  |  | @ $ | = | $ |
|  |  |  |  | @ $ | = | $ |
|  | **Total Adult** | **Receipts** |  | @ $ | = | $ |
| TOTAL STUDENTRECEIPTS |  | **+** | TOTAL ADULTRECEIPTS |  | TOTAL GAME RECEIPTS | = | $ |

**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**

|  |
| --- |

**EXPENSES: If not enough space here, please use and attach Appendix J (check request form)**

| **District Employees Workers** |  |  |
| --- | --- | --- |
| **Name** | **Amount** | **Assignment**  |
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| **Taxes & Benefits % & Cost** | **%** |  |  |
| **Total Employee Cost requested by Host School** |  |  |
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| **Non-District Employee Workers** |  |  |
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| **Total Non-Employee Cost** |  |  |
|  |  |  |
| **Total Worker Payment Request to Host School** |  |  |
|  |  |  |
| **Food Allowance Request (See Appendix H, if applicable)** |  |  |
| Documentation must include; Voucher, Invoice, or Sales Slip |  |  |
| **Pay To: TOTAL** |  |  |

**Individual Checks Requests. Documentation Procedures**

* **Officials. Completed Independent Contracts.**
* **Trainers. Completed Independent Contracts or Included on Worker list above.**
* **Police/Rent/Supplies/or other Outside Vendors. Voucher/Invoice/Sales Slips/Bill.**
* **Paychex. Completed Part Time Employment Contract, with W-4 & I-9 forms included if not on file.**
* **Food Allowance. Invoice, Voucher, or Sales Slip**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Tournament Manager/Coordinator or Site Manager

**I received this document, from the Coordinator/Tournament Manager or Site Manager, and I find it to be accurate.**

Region Secretary Signature: \_\_\_***Tom Lenarz***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_