

MINNESOTA STATE HIGH SCHOOL LEAGUE REGION 8A SUBSECTION or SECTION TOURNAMENT REPORT

Date of Event: _____ Section # Subsection #

Activity: _____ Site: _____

<p>To: Tournament Manager/Site Manager: Check written to REGION 8A This form must be completed and submitted IMMEDIATELY following the conclusion of your tournament to: REGION 8A Mike Kolness</p>	<p><i>Mike Kolness Region 8A Secretary 1512 Laurel Drive SE East Grand Forks, MN 56721</i></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				@ \$	5.00	= \$	
Roll #2				@ \$	5.00	= \$	
Roll #3				@ \$	5.00	= \$	
Adv. Roll #4				@ \$	5.00	= \$	
Total Student Tickets Sold				@ \$	5.00	= \$	

ADULT	Beginning Ticket Number	Ending Ticket Number	Tickets Sold		Price		Amount
Roll #1				@ \$	8.00	= \$	
Roll #2				@ \$	8.00	= \$	
Roll #3				@ \$	8.00	= \$	
Adv. Roll #4				@ \$	8.00	= \$	
Total Adult Tickets Sold				@ \$	8.00	= \$	

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)		\$
Ticket Takers(s)		\$
Crowd Control		\$
Athletic Trainer/Doctor		\$
Site Rental		\$
Workers (Please attach an additional page if necessary)		\$
		\$
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: _____