**REGION 7A MINNESOTA STATE HIGH SCHOOL LEAGUE**

**SUBSECTION or SECTION TOURNAMENT REPORT**

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **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)***Chad StoskopfExecutive Secretary 7A38 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:**

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**GAME/EVENT RESULTS**

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

# TICKET/REVENUE REPORT

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| STUDENT | Beginning Ticket Number | EndingTicket Number | Tickets Sold | Price |  | Amount |
|  |  |  |  | @ $5 | = | $ |
|  |  |  |  | @ $ | = | $ |
|  |  |  |  | @ $ | = | $ |
|  |  **Total Student** | **Receipts** |  | @ $ | = | $ |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| ADULT | Beginning Ticket Number | Ending Ticket Number | Tickets Sold | Price |  | Amount |
|  |  |  |  | @ $10 | = | $ |
|  |  |  |  | @ $ | = | $ |
|  |  |  |  | @ $ | = | $ |
|  | **Total Adult** | **Receipts** |  | @ $ | = | $ |
| TOTAL STUDENTRECEIPTS |  | **+** | TOTAL ADULTRECEIPTS |  | TOTAL GAME RECEIPTS | = | $ |
|  |  |  |  |  | PROGRAMS | = |  |
|  |  |  |  | \*attach contract | LIVE STREAM | = |  |
|  |  |  |  | \*attach entry list | Entry Fees | = |  |
|  |  |  |  |  | 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**

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**EXPENSES: If you need more space, use and attach a check request form found on the 7A website.**

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| **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** |  |  |
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| **Total Worker Payment Request to Host School** |  |  |
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|  |  |  |
| **Pay To: TOTAL** |  |  |

**Individual Checks Requests. Documentation Procedures:**

* **Officials. Completed Independent Contracts.**
* **Trainers. Completed Independent Contracts or Included on Worker list above.**
* **Paychex. Completed Part Time Employment Contract, with W-4 & I-9 forms included if not on file.**
* **Rental. Rates approved by Tournament Manager or Region Secretary and invoice attached.**

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