**2023-24**

MINNESOTA STATE HIGH SCHOOL LEAGUE

**FINAL TOURNAMENT REPORT**

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **Year** | **Activity** | **Section #** |

|  |
| --- |
|  |
| **Site(s)** |

To: Tournament Manager

From: Region Committee

Please complete this report form and return it to your **REGION SECRETARY** (see page 4) **IMMEDIATELY** following the conclusion of your tournament. The report should be received no later than 14 days after the completion of the tournament.

Thank you for your efforts in managing this activity. The coaches, athletes and member schools appreciate your interest and attention to the details necessary for providing a fine tournament experience.

|  |
| --- |
| Tournament Manager:  |
| Address:  | City State Zip  |
| Phone:  | Fax: | Email:  |

**PARTICIPATION REPORT**

List the participating schools and the number of contests they participated in:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| School (# of Participations) | # | School (# of Participations) | # | School(# of Participations) | # |
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| --- | --- |
| Champion |  |
| Total number of schools participating |  |
| Total number of participations (number of games/contests played) by all schools |  |
| Total Attendance |  |

# TICKET REPORT

***Students***

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Site** | **Date** | **Beginning Ticket Number** | **Ending Ticket Number** | **Tickets****Sold** |  | **Price** | **Amount** |
|  |  |  |  |  | @ | $5.00 |  |
|  |  |  |  |  | @ | $5.00 |  |
|  |  |  |  |  | @ | $5.00 |  |
|  |  |  |  |  | @ | $5.00 |  |
|  |  |  |  |  | @ | $5.00 |  |
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|  |  | **Total Student Tickets Sold** |  | @ | $5.00 |  |

**Adult Tickets**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Site** | **Date** | **Beginning Ticket Number** | **Ending Ticket Number** | **Tickets****Sold** |  | **Price** | **Amount** |
|  |  |  |  |  | @ | $10.00 |  |
|  |  |  |  |  | @ | $10.00 |  |
|  |  |  |  |  | @ | $10.00 |  |
|  |  |  |  |  | @ | $10.00 |  |
|  |  |  |  |  | @ | $10.00 |  |
|  |  |  |  |  | @ | $10.00 |  |
|  |  |  |  |  | @ | $10.00 |  |
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|  |  | **Total Adult Tickets Sold** |  | @ | $10.00 |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Total Tickets Sold**  |  | **Total Ticket Sales** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Entry fees  | @ | = | $ |
| Program Sales | $ |
| Other | $ |
| **TOTAL GROSS RECEIPTS** | **$** |

This section is to be completed by the **Region Secretary ONLY**

  **MSHSL Foundation:** Sales $ + City $ = $ (-)

 **\* TOTAL NET RECEIPTS** $

# TOURNAMENT EXPENSES SUMMARY

***(This section must be completed by the***

***Tournament Manager and the Region Secretary)***

Invoices for billing must be submitted by the Tournament Manager to the Region Secretary. All bills must be approved by the Region Committee and paid by the Region Secretary.

|  |  |  |  |
| --- | --- | --- | --- |
| **DISBURSEMENTS** | **Amount submitted by Tournament Manager** |  | **\*Amount Paid by Region Secretary** |
| Tournament Manager’s Fee | $ |  | $ |
| Site Rental(s) | $ |  | $ |
| Officials, Judges | $ |  | $ |
| Meet Personnel (\*Attach a separate list if necessary)-district worker | $ | X 1.15(District paid) | $ |
| Meet Personnel (\*Attach a separate list if necessary)-non-district worker | $ | X 1.0765(PayChex) | $ |
| Supplies (attach List and receipts) | $ |  | $ |
| Food (attach receipts) | $ |  | $ |
| Program Printing (attach receipt) | $ |  | $ |
| Custodial Charges | $ |  | $ |
| Trainer | $ |  | $ |
| Awards | $ |  | $ |
| Police | $ |  | $ |
| Other (Security) | $ |  | $ |
| **TOTAL DISBURSEMENTS** | $ |  | $ |

**PROFIT or LOSS SUMMARY**

***(This section is* *to be completed by the Region Secretary ONLY)***

*Previous Year*

**Total Net Receipts $** \_\_\_\_\_\_\_\_\_\_

**Total Disbursements $** \_\_\_\_\_\_\_\_\_\_

 **Net Profit or Loss $** \_\_\_\_\_\_\_\_\_\_

**Region 4AA Net Profit/Loss $** **\_** \_\_\_\_\_\_\_\_\_\_

***Attendance***\_\_\_\_\_\_\_\_\_\_

**EVALUATION**

**SUMMARY:**

**PROBLEMS, DAMAGE, ETC.:**

**OFFICIALS:**

|  |  |
| --- | --- |
| **Semifinals**: |  |
|  |  |
| **Championship:** |  |

**RECOMMENDATIONS:**

**RECOMMENDED DATES AND SITES FOR NEXT YEAR:**

|  |  |
| --- | --- |
| Date(s) |  |
| Site(s) |  |

**CHECKLIST:**

**You must include:**

|  |  |
| --- | --- |
| 1. | Ticket Report (beginning and ending ticket numbers) |
| 2. | Tournament Receipts Summary |
| 3. | Tournament Disbursements Summary |
| 4. | Signed Tournament Report Form |
| 5. | Order for additional medals and trophies for ties and/or duplicates |
| 6. | Completed brackets |
| 7. | Officials Names for semifinal/championship games if required |

**Required Signatures: RETURN TO:**

 **Jeff Whisler**

 **P.O. Box 639**

  **Willernie, MN 55090**

**Tournament Manager** **jeff.whisler17@gmail.com**

I have received this document from the above named

tournament/contest Manager and I find it to be accurate

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Region Secretary