MSHSL REGION 7AA SECTION TOURNAMENT REPORT (APPENDIX L)

|  |  |  |
| --- | --- | --- |
|  |  | **7AA** |
| **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:**  |
| **Email:** |  | **School Address:** |  |
| **Phone:** |  | **City/State/Zip:** |  |

**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 STUDENT$$ RECEIPTS |  | **+** | TOTAL ADULT$$ RECEIPTS |  | TOTAL GAME RECEIPTS | = | $ |

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

**Summary of event & recommendations for next year’s tournament:**

**EXPENSES:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | ***District Employee Game Workers*** |  |  |
|  | **Name** | **Amount** | **Assignment**  |
|  |  |  |  |
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|  |  |  |  |
|  | **District Employees SUB TOTAL —>** |  | **← Fill in $$ Amount** |
|  | **TAX BENEFITS ( ) % =** |  | **← Fill in $$ Amount** |
|  | **District Employees TOTAL —>** |  | **← Fill in $$ Amount** |
|  |  |  |  |
|  | ***Non-District Employee Game Workers*** |  |  |
|  | **Name** | **Amount** | **Assignment**  |
|  |  |  |  |
| **DO NOT** |  |  |  |
| **INCLUDE** |  |  |  |
| **ANYONE**  |  |  |  |
| **FILLING** |  |  |  |
| **OUT AN** |  |  |  |
| **“ICF” IN**  |  |  |  |
| **THIS**  |  |  |  |
| **SECTION** |  |  |  |
|  |  |  |  |
|  |  **NON - District Employees TOTAL —>** |  | **← Fill in $ Amount** |
|  |  |  |  |
|  |  **Food (if applicable)TOTAL —>** |  | **← Fill in $ Amount** |
|  | **Police / Rent / Other (if applicable)TOTAL —>** |  | **← Fill in $ Amount** |
|  |  **GRAND TOTAL —>** |  | **← Fill in Total $ Amount** |
| ***Payable***  | ***to what School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** |  |  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Individual Checks Requests. Documentation Procedures**

* **Officials. Completed Independent Contract Form (Appendix R)**
* **Trainers. Completed Independent Contracts or Included on Worker list above.**
* **Paychex. Part Time Employment Contract (Appendix V)**
	+ **(W-4 & I-9 forms must be on file with Region 7AA).**
* **Food Allowance. Invoice, Voucher, or Sales Slip**
* **Police/Rent/Supplies/or other Outside Vendors. Voucher/Invoice/Sales Slips/Bill.**