POST TOURNAMENT REPORT

TOURNAMENT:_____DATES:_____

HOST ORGANIZATION:_____

TOURNAMENT DIRECTOR:_____PHONE:_____

A tournament report must be filed with the National State Association (KSYSA) granting permission to host this tournament, within thirty (30) days after the conclusion of the tournament. Failure to file a report within thirty (30) days will result in a $25 late fee and the National State Association withholding sanctioning for any tournament for following seasonal years until the report is filed.

A. Number of teams participating in each age division (boys and girls).

AGE	BOYS	GIRLS	AGE	BOYS	GIRLS
U08			**U15**		
U10			**U16**		
U11			**U17**		
U12			**U18**		
U13			**U19**		
U14					

B. If a champion is determined, the name of the champion for each division.

Division:

AGE	BOYS	GIRLS	AGE	BOYS	GIRLS
U08			**U15**		
U10			**U16**		
U11			**U17**		
U12			**U18**		
U13			**U19**		
U14					

Division:

AGE	BOYS	GIRLS	AGE	BOYS	GIRLS
U08			**U15**		
U10			**U16**		
U11			**U17**		
U12			**U18**		
U13			**U19**		
U14					

C. Number of teams from each National State Association or foreign country.

State Ass.	Teams	State Ass.	Teams	State Ass.	Teams	Foreign	Teams

D. If “Sportsmanship Awards” are given, the criteria for the award and to who awards were given:

Criteria:_____

AGE	BOYS	GIRLS	AGE	BOYS	GIRLS
U08			**U15**		
U10			**U16**		
U11			**U17**		
U12			**U18**		
U13			**U19**		
U14					

E. The number of fields used for the tournament:

_____Small Sided _____Full Size

F. The names and teams of all players issued red cards.

Date	Team	State	Age-Gender	Player	Infraction

G. Post Tournament Fees

Competitive Teams = $5 x _____ teams = $_____

Recreational Teams = $2x _____ teams = $ _____

Minus Bond: $ _____

Total Amount Sent to KSYSA = $ _____

Note: Any incidents of referee abuse or referee assault, or other incidents of a serious nature should be reported to the team’s, player’s or coaches’ home National State Association **immediately**.

_____ _____

Signature of Host Organization President Signature of Tournament Director

_____ _____

Date Date