

HEAD OFFICE 300-1734 Regina, SK S4T 1K1 T: 306.975.0870

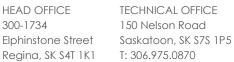
TECHNICAL OFFICE 150 Nelson Road Elphinstone Street Saskatoon, SK S7S 1P5

TOURNAMENT FOLLOW UP REPORT

Tournament Organizer:	
Event:	Date(s):
Tournament Organizer must submit the Tournament Fo business days of the conclusion of the tournament. In a the following information must accompany the submiss	addition to the information included in the Report,
☐ List of all participating teams, as follows:	
 Divided by gender, age and division Include the Member Organization (within Saska Body for each participating team Indicate the champion(s) and fair play award wi 	atchewan) or Provincial/State/National Governing
 □ Team Rosters, including all players and staff, if requested □ Check here if rosters have not been requested 	
☐ List of all participating Referees	
 □ Report of any Player, Staff or Team Discipline □ Check here if there were no disciplinary issue 	es during the tournament
 □ Special Incident Report, if necessary □ Check here if there were no issues that warra 	ant a Special Incident Report during the tournament
Examples of incidents that should be reported include to beyond cautions and ejections and harassment. Please necessity of completing a Special Incident Report.	
The SSA values feedback from Tournament Organizers sanctioning process or operation of a tournament that y Tournament Organizers, please include in the space be	ou feel would be valuable to the SSA or other









TOURNAMENT FINANCIAL STATEMENT

Revenue:	Projected	Actual
Entry Fees	\$	\$
Other Revenue (please specify):	\$	\$
	\$	\$
	\$	\$
	\$	\$
	 \$	\$
	 \$	\$
Total Revenue =	\$	\$
Expenses:		
Facility Rentals	\$	\$
Officials Fees and Expenses	\$	\$
Other Expenses (please specify):		
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	<u> </u>	\$
	<u> </u>	\$
Total Expenses =	\$	\$
Revenue – Expense =	\$	\$







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On behalf of the Tournament Organizer, I hereby confirm that all of the information contained within this report and any accompanying submission is accurate and complete.

Authorized Representative of Tournament C	Organizer:	
Name:	Position:	
Signature:	Date:	
SSA Office Use Only:		
Date Received:	Received by (signature):	
Date of Approval:	Approved by (signature):	

Tournament Organizers must submit the Tournament Follow Report and Financial Statement and all required accompanying information (see page 1) within twenty business days of the conclusion of the tournament. Incomplete forms or those lacking the required accompanying information will not be accepted. Completed forms must be submitted to the SSA by mail, fax or email at the following address:

Neysa Strueby Coordinator, Admin & Registrar Saskatchewan Soccer Association 300-1734 Elphinstone St Regina, SK S4T 1K1

Fax: 306-780-9225

Email: n.strueby@sasksoccer.com



