



# Juniors' Tournament Report

Use this form for each tournament you run. Multiple tournaments will require multiple forms. *(One per tournament.)*

Date of event: \_\_\_\_\_ Site (city, state): \_\_\_\_\_

Tournament director: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_

e-mail address: \_\_\_\_\_

Site director(s): \_\_\_\_\_

Age group: \_\_\_\_\_ Number of courts: \_\_\_\_\_ Number of teams: \_\_\_\_\_

<b>Officials</b>	e-mail address	region	amount	Certified		OVR	
name	(if not certified or not OVR)	(if not OVR)	paid	USAV Official?		membership?	
_____	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Tuesday, after the completion of your tournament, return this form to the Juniors' Tournament Director

Tom Kohl · 955 East Snodgrass Road · Piqua, OH 45356

along with:

- pool play bracket(s) showing scores, etc.
- playoff bracket(s), showing the seeding positions, and results for all the teams
- verified team rosters

Do not return the individual game score sheets or team entry forms.

To the best of my knowledge, I certify that the above information is correct. I realize my failure to report the tournament results and complete and mail the Report of Event with verified rosters, pool play and tournament brackets from the conclusion of my tournament will cause me to lose my tournament bond, and any remaining tournaments that I am responsible for may lose their sanction.

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

**Office Use Only:**

Pool play bracket(s)

Playoff bracket(s)

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

Correct pool play format

Correct tournament format

Verified Team Rosters

Incident report (if needed)