



# Report of Event

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: \_\_\_\_\_

Officials name	e-mail address (if not Delta Region member)	region (if not Delta)	amount Paid	Certified		USAV	
				USAV Official?		membership?	
_____	_____	_____	_____	Yes	No	Yes	No
_____	_____	_____	_____	Yes	No	Yes	No
_____	_____	_____	_____	Yes	No	Yes	No
_____	_____	_____	_____	Yes	No	Yes	No
_____	_____	_____	_____	Yes	No	Yes	No
_____	_____	_____	_____	Yes	No	Yes	No

By the Tuesday after the completion of your tournament, return this form to the Delta Region Office

Joanie Williams Delta Region Volleyball 1102 Laurelwood Court 72401

along with:

Pool play bracket(s) showing scores, etc.

Playoff bracket(s), showing the seeding positions, and results for all the teams

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 have reported the tournament's results on the Delta Region office Monday after the completion of my tournament. I realize my failure to complete and mail the Report of Event with pool play and tournament brackets and the Tournament Results Report by the Tuesday after the completion of my tournament may result in the loss of sanction privileges for any remaining tournaments.

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

**Office Use Only:**

Pool play bracket(s)

Playoff bracket(s)

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

Correct pool play format

Correct tournament format

Injury report (if needed)

Incident report (if needed)