



Post Tournament Report

<u>As part of the hosting requirements, a post tournament report – including the Assignor</u> <u>portion of the report – MUST be filed with Indiana Soccer within 30 days after the</u> <u>conclusion of the tournament</u>. Failure to file a report shall prevent the tournament from receiving sanctioning of any tournament for the following seasonal years until the report is filed.

Tournament Name:		
Date(s):		
Host Organization:		
Tournament Director:		
Tournament Director phone:	email:	(Required)
Referee Assignor:	email:	
Number of field Sites used for tournament		(Required)
Number of fields used for tournament:		
Name of Tournament Sponsor(s):		
-		

Team Sportsmanship Awards:

Boys Team(s)		Girls Team(s)	

Criteria for Determining Sportsmanship Awards:

Number of teams participating from each State Association or Foreign Country:

State	# Teams		State	# Teams	State	# Teams
IN						

Total number of participating teams: _____

The number of teams participating in each age division (boys and girls):

				/ 0 /	
AGE	BOYS	GIRLS	AGE	BOYS	GIRLS
8U			14U		
9U			15U		
10U			16U		
11U			17U		
12U			18U		
13U			19U		

If a champion is determined, list the name of the champion in each division.

Division		
AGE	BOYS	GIRLS
11U		
12U		
13U		
14U		
15U		
16U		
17U		
18U		
19U		

Division		
AGE	BOYS	GIRLS
11U		
12U		
13U		
14U		
15U		
16U		
17U		
18U		
19U		

POST TOURNAMENT REPORT ANALYSIS FROM THE TOURNAMENT DIRECTOR:

Challenge(s):

Plans/Recommendations for next year to mitigate challenge(s):

This entire report , including the Assignor's completed portion, must be sent to:

Indiana Soccer Association 19000 Grand Park Blvd., Suite J Westfield, IN 46074

Or emailed to: angel@soccerindiana.org



Tournament & Cup Committee REFEREE ASSIGNOR REPORT



Tournament Name:				Date:			
Referee Assignor:				Numb	er:		
Tournament Dir:				Turno	01.		
Number of Games Scheduled	Desirate d Defenses Needed						
Number of Games Played		Actual Refere					
Length of Tournament:			es Needed				
Length of Tournament.		Actual Refere					
Was this tournament during regula	r youth soccer Fall/Spring season?		[] F	all		Spring
What date did you receive the tour	nament schedule from the Tournar	nent Director?					
How many red cards were given du	uring this tournament?						
Was there an adequate break area	a provided for assignor and referees	s?	[] Y	es		No
Was fruit/refreshment and water pr	rovided at the referee break area?		[] Y	es		No
Was there water on each field for the	he referees?		[] Y	es		No
Were 4 th officials used?			[] Y	es		No
When scheduling referees for a ga	ime, do you use a 3-person or 4-pe	rson crew?	[Т	hree		Four
What major events conflicted wit	th this tournament, making refer	ee scheduling	g difficult?				
College games; list if kno	wn:	-	-				
IHSAA Tournament:	Regional Se	ctional	Semi-State	[Finals		
High School Regular Sea	ason Game						
 Other IYSA Sanctioned T 							
 Other IYSA League Play, 	· · · · · · · · · · · · · · · · · · ·						
		hility to find/o					
What problems did you encounte	er that adversely affected your a	bility to find/s	chequie referees?				
I feel that this tournament was ve	ery will run.						
Strongly Agree	Agree 🗌 Undecide	d 🗌	Disagree [_ s	Strongly D	Disagi	ree
Please explain why you chose the response you did.							
What is your assessment of the	quality of the fields used for this	tournament?	,				
	y good Good] E	Below ave	erade	
,							
Please explain why you chose th	le response you did.						
What additional factors enhanced the overall management/quality of this tournament?							
What additional factors detracted from the overall management/quality of this tournament?							
This report is due to the Indiana Soccer Tournament & Cup Committee 10 days after the conclusion of the tournament. Please mail to Indiana Soccer, 19000 Grand Park Blvd, Suite J, Westfield, IN 46074 or e-mail to angel@soccerindiana.org							
Assignor Signature:			Date:				