

New York State West Youth Soccer Association Post Tournament Report

PLEASE PRINT!

This report must be submitted to the NYSWYSA state office at:

PO Box 1247
Corning, New York 14830

within thirty days from the close of your tournament. You can e-mail this report to the state office, using the e-mail address: office@nyswysa.org

Tournament Name _____ Event Dates(s) _____

Sponsoring Club _____ Report Date _____

Street Address _____

City _____ State _____ Zip Code _____

Tournament Director _____

Address _____

City _____ State _____ Zip Code _____

Return Bond Check to: _____

PART I:

List the number of teams participating in each group and the name of winners for each age.

Age Group	Number of Teams	Boys Champion	Number of Teams	Girls Champion
U12				
U13				
U14				
U15				
U16				
U17				
U18				
U19				

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PART II:

1. Did any player, coach or team official receive a red-card or send-off during any match of the tournament? Yes ___ No ___

2. Did any player, coach or team official receive a greater than one-game suspension as a result of being dismissed during the tournament? Yes ___ No ___

3. Is any player, coach or team official currently serving a suspension, incurred during your tournament that would carry-over to their next scheduled US Youth Soccer match? Yes ___ No ___

Please list information about red cards and send off's issued:

Age Group	B/G	Team Name	Player, Coach or Team Official Name	Player Pass #	Reason	Duration of Suspension

PART III:

List the entries by State Association and Foreign Country.

<u>Number of Entries</u>	<u>State Association</u>	<u>Foreign Country</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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Did Tournament have a program?

Yes ___ No ___

If yes, please forward a copy to the state office with this report.

Include or attach the tournament final standings with report.

Did any unusual circumstances occur during the tournament? If so, please list.
