



WYSA Post Tournament Report

Tournament Name: _____

Tournament Dates: _____

Tournament Address, City, Zip: _____

Tournament Director/Contact, Email: _____

Number of Teams:

10U and Below Boys/Girls _____

11U Boys _____ 11U Girls _____

12U Boys _____ 12U Girls _____

13U Boys _____ 13U Girls _____

14U Boys _____ 14U Girls _____

15U Boys _____ 15U Girls _____

16U Boys _____ 16U Girls _____

17U Boys _____ 17U Girls _____

18U Boys _____ 18U Girls _____

19U Boys _____ 19U Girls _____

Total Number of teams: _____

Number of teams from outside Wisconsin: _____

Payment Information: Total Number of teams x \$10 per team.

Total Amount due: \$ _____

Incident Report: (Please list any red cards, coach/player misconduct)

Did the tournament have a trainer or medical personnel on location? Yes No

Did the tournament charge for parking? Yes No

If so how much: _____

Was a licensed referee assignor on location? Yes No

Did the tournament allow guest players? Yes No

If so how many: _____

Did the tournament allow club pass players? Yes No

If so how many: _____

Please send checks and completed tournament reports:

Wisconsin Youth Soccer Association

10427 W. Lincoln, Suite 1100

West Allis, WI 53227