

# New York State West Youth Soccer Association Post Tournament Report

## **PLEASE PRINT!**

This report must be submitted to the NYSWYSA state office via email to [tournaments@nyswysa.org](mailto:tournaments@nyswysa.org) within thirty days from the close of your tournament.

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.

### Number of Entries

### State Association

### Foreign Country

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## Post Tournament Report

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.

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