



SOCCKER NOVA SCOTIA



TOURNAMENT COMPETITION REPORT (Not for Provincial Championships)

Name of Tournament: _____

Date of Tournament: _____ Location: _____

Contact Person: _____
Address: _____ Postal Code: _____
Email: _____ Phone: _____

Fields Used:	Name/Location	3	_____
1	_____	4	_____
2	_____	5	_____

Facilities:

Headquarters: _____
Scoreboard: _____

Tournament Information:

Were tournament packages sent to teams in advance? _____ If yes, when? _____
Was a Pre-Tournament meeting held? _____ If yes, were there any problems or concerns: _____

Medical Services: (Check appropriate box)

Physio St. John Ambulance Other medical personnel: _____

Were there any major problems/injuries?

Discipline Committee Meetings:

Name	Team	Offense	Action Taken (if any)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Participating Teams:

Total Number of Teams: _____
Total Number of Divisions: _____

Division Standings:

Division/Age	Gender	1 st Place	2 nd Place	3 rd Place
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Or Check here if list is attached (OVER)

Officials:

Was there the required number of appointed officials at each game? _____

Were there any problems with referees completing game sheets of misconduct reports? _____

Were there any problems with the standard or conduct of referees? _____ If Yes, please explain:

Number of Ejections for Violent Conduct: _____

Number of Misconduct Cases against Referees: _____

**** Violent Conduct and Misconduct Against Referees: Referees must complete reports immediately and Tournament Chair must fax/email them to Soccer Nova Scotia within 24 hours of the misconduct. ****

Signature of Tournament Organizer:

Name

Date