



# 2016–2017 Delta Region Report of Event

Return this form to:  
**DELTA REGION VOLLEYBALL**  
1102 LAURELWOOD COURT  
JONESBORO, AR 72401

Immediately following the tournament, the Tournament Director will submit any report of violations, incidents or injuries to the Region Business Office. Not later than 2 weeks after the tournament, the Tournament Director will submit complete list of all participating teams along with list of all paid officials hired with their USAV member ID number. Use this form for each tournament you run. Multiple tournament dates will require multiple forms (one per tournament).

DATE OF EVENT: \_\_\_\_\_ NAME OF EVENT: \_\_\_\_\_

SITE CITY: \_\_\_\_\_ SITE STATE: \_\_\_\_\_

TOURNAMENT DIRECTOR: \_\_\_\_\_ PHONE: \_\_\_\_\_



NUMBER OF COURTS USED: \_\_\_\_\_ NUMBER OF TEAMS PARTICIPATED: \_\_\_\_\_

AGE GROUPS (CIRCLE): 18O 18C 17O 17C 16O 16C 15O 15C 14O 14C

13O 13C 12O 12C 11 10 9 8

PAID OFFICIALS NAME	REGION <i>If Not a Delta Member</i>	EMAIL ADDRESS <i>If Not a Delta Member</i>	USAV Membership Number

Return this form to the region office and include the following (Do not return the individual game score sheets or team entry forms):

-  Attach list of Teams Competed (by Age Group)
-  Attach complete list of Paid Officials - Use this form; Add additional paper if needed.

To the best of my knowledge, I certify that the attached information is correct. I realize my failure to complete and mail the Report of Event and required information after completion of my tournament may result in the loss of sanction privileges for any remaining tournaments.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

<p><b>OFFICE USE ONLY:</b> Date Received: _____</p> <p>___ Incident report (if needed)     ___ Complete List of Paid Officials     ___ List of Teams Competing</p>
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