

BAYOU REGIONAL VOLLEYBALL ASSOCIATION TOURNAMENT / EVENT REPORT FORM



USA Volleyball	TOURNAMENT / EVENT NAME:	USA Volleyball
Tournament Sa	nction #:	
Name of Report	ng Individual:	

TOURNAMENT / EVENT RESULTS REPORT List the Divisions in the column above the order of finish. (Exp: MAA, MBB, MB, MA, WAA, WA, WBB, WB, G18, G17, G16, G15, G14, G13, G12, G10, B18, B17, B16, B15, B14, B13, B12, or B10) DIVISON DIVISION DIVISON DIVISON DIVISON DIVISON DIVISON DIVISON 1st 2nd 3rd 4th 5th 6th 7th 8th 9th 10th

TOURNAMENT / EVENT INCIDENT REPORT	Number of Incidents	EMT or Security called? (Y / N)	Medical Incident report completed? (Y / N)
Medical Incident (s)			
Behavioral Incident (s)			

Copies of all completed Incident Reports must be sent to the BRVA Regional office.

A detailed description of any/all behavioral incidents warranting review and possible action by the Regional Board should accompany this report. The report should contain a description of the events leading to the incident, all parties involved, the resultant behavior, the Club, Team and person's name and any action taken on site.

ON-SITE REGISTRATION REPORT	AMOUNT (ACCEPT CASH ONLY)		NUMBER OF REGISTRANTS		Totals
Team Registrations	\$30	х		=	
Individual Registrations (all)	\$35	х		=	
One-Event Registrations/ Outdoor	\$15	х		=	
Other		х		=	
Other		х		=	
Do not accept checks for same day registrations.			Total #	Subtotal	
Onsite registration reimbursement	\$3	Х	Total #	=	_

Completed registration forms must accompany this report.

Total due Bayou Regional

Payments to the BRVA for on-site (same day) registrations must be made by single check for the total due. While the BRVA does compensate organizers for accepting registrations on-site (same day), the BRVA does not recommend the acceptance of a check for payment of on-site (same day) registration.

Send this report (with accompanying payment and/ or documentation) to:

Bayou Regional Registrar, 3801 Evangeline Ave., Chalmette, LA 70043