



OKLAHOMA SOCCER ASSOCIATION

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AMATEUR TOURNAMENT EVALUATION FORM

Tournament Director: Please complete this form and return it to OSA within two weeks after your tournament. **Fax the Send Off page to OSA (918-627-2693) within 24 hours of the completion of your tournament.** Failure to complete and submit this form to OSA will jeopardize your opportunity to host such a tournament in the future.

Name of Tournament: _____

Dates Held: _____

Tournament site: _____

Total number of teams participating: _____

Number of Men's teams: _____

Number of Women's teams: _____

List states of non-Oklahoma teams participating:

Men (please print)

Women (please print)

List Championship Game results by Division

Division	Team Name	Score		Team Name	Score
_____	_____	_____	VS	_____	_____
_____	_____	_____	VS	_____	_____
_____	_____	_____	VS	_____	_____
_____	_____	_____	VS	_____	_____
_____	_____	_____	VS	_____	_____
_____	_____	_____	VS	_____	_____
_____	_____	_____	VS	_____	_____
_____	_____	_____	VS	_____	_____
_____	_____	_____	VS	_____	_____
_____	_____	_____	VS	_____	_____
_____	_____	_____	VS	_____	_____
_____	_____	_____	VS	_____	_____

If "Sportsmanship Awards" are given, briefly explain how they are determined: _____

List the winners of your "Sportsmanship Awards" :

Number of fields used: _____

Tournament sponsor(s), if any:

Administrative problems encountered during tournament (parking, concession stand, volunteer availability, publicity, etc.)

Referee information – Please rate overall referee quality in the following categories by checking the appropriate number:

	Poor		Average		Excellent
1. Consistency in dealing with foul play	1	2	3	4	5
2. Began matches on time	1	2	3	4	5
3. Proper uniform and demeanor	1	2	3	4	5
4. Adequate number of referees for matches	1	2	3	4	5
5. Overall rating of referee performance	1	2	3	4	5

Number of referees who did not show up for matches? _____

Amateur Referee of the Year Nominations (to be selected from Youth Referees who officiated at your tournament) **Men:** _____ **Women:** _____

Approximate profit/loss of tournament: \$ _____

Please use the following space or an attached sheet for any additional comments you feel pertinent to improving the tournament. _____

SEND OFFS of last match played

Tournament Director: **Please compile on this sheet a list of all players who were sent off in their last match played and who were therefore unable to serve the mandatory one game suspension.** Fax this sheet to the OSA office at 918-627-2693 within 24 hours of the completion of your tournament. OSA will forward to the appropriate local organization the names of players who were issued red cards in their final game of tournament play.

- The purpose of this procedure is to make players aware that their actions in the last match they play in a tournament may have an effect on their league play. Many players feel that red cards received in their last game of tournament competition are “free” and have no bearing on play in their leagues.

List all Send-offs issued in last match played: (Please print)

Player's name send-off	Division/gender	Team name	State	Reason for

