



# WEST REGION ODP

## SUB REGIONAL FINAL REPORT

Report of player details with complete and accurate contact information due 3 business days after last day of event. Please send report in an excel .xlsx file to [mgoodrich@usyouthsoccer.org](mailto:mgoodrich@usyouthsoccer.org). Final report including details of participant numbers, age group and gender of players due 30 calendar days after last day of event. Please email final report to [mgoodrich@usyouthsoccer.org](mailto:mgoodrich@usyouthsoccer.org) before mailing report and fees to USYS. P.O Box 1928, Frisco, TX 75034-1928. Please reference West Region Sub Regional in memo of check.

**State Association:** \_\_\_\_\_

**Dates of Event:** \_\_\_\_\_

**Participants:**

Gender	Total Players	West Region	Fee
Boys		X\$25.00	
Girls		X\$25.00	

**Out of State Participants Total:** \_\_\_\_\_

<b>Total Player Fees Due to West Region</b>	
<b>Less Deductions *</b> (Approved by WR ODP Admin)	
<b>Added Expenses Due **</b> (Accommodations etc.)	
<b>Total Amount Paid to West Region</b>	

\*List of Itemized Deductions if Applicable. \_\_\_\_\_

\*\*List of Itemized Added Expenses if Applicable. \_\_\_\_\_

**\*\*Please attach receipts to Final Report**

<b>State Association Rep</b>	<b>Title</b>	<b>Date</b>