



Gateway Region USAV TOURNAMENT EVALUATION FORM

This form is for use by team representatives to help assess the overall quality of Region tournaments. This information will be combined with other such input to provide general feedback to the Region Board about our tournaments. Your comments and responses will be pooled into information that can be used to help Tournament Directors put on good quality events.

Name: _____ Tournament: _____
 Address: _____ Tournament Site: _____
 City, St., Zip: _____ Tournament Date: _____
 Phone: _____ Level: MEN WOMEN GIRLS BOYS
 Email: _____ O_PEN AA A BB B Junior Age Division _____
 Team Represented / Level: _____ Tournament Director: _____

- Y N 1. Did you receive confirmation of your entry? If yes, how? Mail Phone Email Other
- Y N 2. Did you receive information about the site location?
- Y N 3. Did you know who (and how) to contact in case you had questions?
- Y N 4. Did you know your starting/officiating assignment before you arrived at the tournament?
- Y N 5. Was a captains' meeting held before the start of pool play?
- Y N 6. Was there a court manager assigned to each court at the site?
- Y N 7. Did you know who the site director was for the tournament?
- Y N 8. If yes, was he/she also playing in the tournament?
- _____ 9. How many teams per court for pool play?
- Y N 10. Was enough time given for games and warm-ups?
- Y N 11. Was the playing schedule posted?
- Y N 12. Were match results promptly posted?
- Y N 13. Did play start on time? If no, why not? _____
- Y N 14. Did you have enough games in pool play? How many? _____
- _____ 15. Were the following items provided?:
 Game balls Scoresheets Lineup & Libero sheets Visible Scoreboard
 Pens / Pencils Towels Team benches Scorekeeper's table/chair
- _____ 16. Were the following items provided and in good working order?: Net/standards ref stand
- Y N 17. Was there enough overhead clearance?
- Y N 18. Were locker rooms/showers available?
- Y N 19. Were playoffs held promptly following pool play?
- _____ 20. How many teams from each pool went to playoffs?
- Y N 21. Were there any problems with teams staying for their officiating duties? If so, list problems on back of this sheet including how the problems were resolved.
- Y N 22. Were team and/or individual awards given?
- Y N 23. Were the awards appropriate? If not, why not? _____
- \$_____ 24. What was the entry fee?
- Y N 25. Was the entry fee reasonable considering the tournament?
- Y N 26. Would you enter this tournament again if held next year?

Please detail on the back of this sheet anything you particularly liked or disliked about this tournament (how it was conducted, information supplied or lacking, playing conditions, site problems, awards, etc.). Include any questions or concerns you feel the Region Board needs to address.

Return form to: **Gateway Tournament Coordinator**
10075 Bauer Rd.
St. Louis, MO 63128