

FORM #4

TEAM MANAGERS REPORT



SPORT: _____

REGIONAL TRIALS/SELECTIONS

Regional Convenor: _____

Venue of Regional Trials: _____ Dates: _____

Regional Coach: _____

Regional Manager: _____

Regional Team (List names & schools): _____

STATE CHAMPIONSHIPS

Venue of Championships: _____ Dates: _____

Report of Manager's Pre and Post Carnival Meetings: (minutes, if separate, to be attached)

Organisation of the Championship:

(comment regarding the organisation of the championship and details of special features)

Overall Team Placing: _____

Team Performance: (Results) _____

Darling Downs State Team Members: (State Full Name & School) _____

Recommendations: (should be constructive and be intended to overcome problems)

**TEAM MANAGER MUST SUBMIT THIS REPORT TO
THE REGIONAL SPORTS OFFICE WITHIN TWO (2) WEEKS OF THE STATE CHAMPIONSHIP.**