



C.F.C. TOURNAMENT REPORT FORM



Tournament: _____ Start Date: _____ Type (check below)

Section: _____ Finish Date: _____ Regular: _____

Organizer: _____ Org. CFC#: _____ Active: _____

Tournament Director: _____ TD CFC#: _____ Province: _____

#	FULL NAME	CFC#	Rd.1	Rd.2	Rd.3	Rd.4	Rd.5	Rd.6	Total
1									
2									
3									
4									
5									
6									
7									
8									
9									
0									
1									
2									
3									
4									
5									
6									
7									
8									
9									
0									

If there are more players please attach additional sheets.