



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#	1	2	3	4	5	6	7	8	9	10	Total
1			Black										
2				Black									
3					Black								
4						Black							
5							Black						
6								Black					
7									Black				
8										Black			
9											Black		
10												Black	