



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	Rd.7	Rd.8	Rd.9	Rd.10	Total
1													
2													
3													
4													
5													
6													
7													
8													
9													
0													

If there are more players please attach additional sheets.