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	11	12	13	14	15	16	17	18	19	20	Total
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