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	Total
1									
2									
3									
4									
5									
6									