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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