



MINNESOTA SPORTS FEDERATION BASEBALL QUALIFIER TOURNAMENT REPORT FORM

(Complete one form for each MSF Qualifier Tournament)

Tournament Name _____ Age/Division _____

Tournament Director _____ Tournament Dates _____

Address _____

City/State/Zip _____

Email Address _____ Phone _____

TOURNAMENT ORDER OF FINISH

Team Name	Has team previously qualified at another tournament?	
1st _____	YES	NO
2nd _____	YES	NO
3rd _____	YES	NO
4th _____	YES	NO

TEAMS ACCEPTING MSF STATE BERTHS

BERTH 1

Team Name _____ Coach _____

Address _____

City/State/Zip _____

Email Address _____ Phone _____

BERTH 2

Team Name _____ Coach _____

Address _____

City/State/Zip _____

Email Address _____ Phone _____

1. Number of teams in your tournament _____

2. Umpire-in-Chief _____ Email _____

3. Describe any unique situations your tournament may have encountered _____

Include rosters of advancing teams and a list of participating head coaches and their contact information with Report Form. Please submit by the Tuesday following your tournament to:

MSF BASEBALL • 118 12th AVE N • SOUTH ST. PAUL, MN 55075 • STAFF@MSF1.ORG