



MINNESOTA SPORTS FEDERATION TOURNAMENT REPORT FORM



(Please Print and Complete All Entries Below)

TOURNAMENT INFORMATION

YEAR _____ CLASS/TOURNAMENT _____ SITE _____ DATES _____

MSF REPRESENTATIVE _____ ADDRESS _____

CITY & STATE _____ ZIP _____ PHONE (C) _____ (H/W) _____

Please place below the results of the MSF tournament you recently managed. This tournament information is necessary for publications that recognize the top teams in each tournament. It is important that all blanks are carefully completed and the form is forwarded to MSF offices the Monday following completion of the tournament.

TOURNAMENT STANDINGS

FINISH

Score

1ST TEAM NAME _____ SPORTS COMMUNITY _____

TEAM MANAGER _____

Score

2ND TEAM NAME _____ SPORTS COMMUNITY _____

TEAM MANAGER _____

- SEE REVERSE -

3rd TEAM NAME _____ SPORTS COMMUNITY _____
TEAM MANAGER _____

4th TEAM NAME _____ SPORTS COMMUNITY _____
TEAM MANAGER _____

COMMENTS: _____

MSF Tournament Manager's Signature _____

Attach a copy of the completed tournament draw
Send to: MSF * 118 12th Ave N * South St. Paul, MN 55075
or fax to 651-451-3140 or email staff@msf1.org