

MINNESOTA SPORTS FEDERATION TOURNAMENT REPORT FORM

(Please Print and Complete All Entries Below)

TOURNAMENT INFORMATION

YEAR	CLASS/TOURNAMENT			SITE	_DATES
MSF REPRESENT	ATIVE		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	Score
FINISH			
1 ^{s⊤}	TEAM NAME	SPORTS COMMUNITY	
	TEAM MANAGER		
			Score
2^{ND}	TEAM NAME	SPORTS COMMUNITY	
	TEAM MANAGER		

- SEE REVERSE -



3 rd	TEAM NAME	SPORTS COMMUNITY
	TEAM MANAGER	
4 th	ΤΕΔΜ ΝΔΜΕ	SPORTS COMMUNITY
7	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