



TOURNAMENT RESULTS FORM

Please fax this form to the NCVA Office by 10:00 AM on the Monday after the tournament. Failure to do so may hinder you receiving payment as a tournament director.

Tournament: _____

Site: _____

Tournament Director: _____

Date: _____

Seeding into this tournament:

Final Results: (place finish position in blank)

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

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19. _____

20. _____
