WEST COAST DISTRICT TOURNAMENT REPORT FORM

*****TO BE COMPLETED BY THE TOURNAMENT DIRECTOR*****

When there is more than one tournament division, submit a separate form for each division.

Tournament Number: _____Tournament Date _____Host Club: _____

Tournament Name: _____ Sponsors: _____

Tournament Directors: _____

Entries in this Division: Number of Teams: _____ Number of Players: _____

Place an X in the appropriate boxes below.

Format:	☐	DOUBLES	☐ SINGLES	☐	DRAW	☐	MINGLES
Skill Level:	☐	OPEN	☐ PRO	☐	AMATEUR	☐	NO2PROS
Gender:	☐	ANY	☐ MEN	☐	LADIES	☐	MIXED

************MAIN EVENT WINNERS************

1. Name: _____FSA _____ Club: _____

Name: _____FSA #: _____Club:_____

2. Name: _____FSA # _____ Club: _____

Name: _____FSA #: _____Club:_____

3. Name: _____FSA # _____ Club: _____

Name: _____FSA #: _____Club:_____

4. Name: _____FSA # _____Club: _____

Name: _____FSA #: _____Club:_____

************CONSOLATION WINNERS************

1. Name: _____FSA # _____ Club: _____

Name: _____FSA #: _____Club:_____

2. Name: _____FSA # _____ Club: _____

Name: _____FSA #: _____Club:_____

3. Name: _____FSA # _____ Club: _____

Name: _____FSA #: _____Club:_____

4. Name: _____FSA # _____ Club: _____

Name: _____FSA #: _____Club:_____

If you mail this report, please post it at the Main Post Office immediately after the tournament. Enter "Winners" names & FSA #'s exactly as shown on their registration forms. Players must always use the same exact name when they register for any tournament. PLEASE DOUBLE CHECK THE SPELLING OF WINNERS' NAMES.

Send or give one copy of this form to:

Martin Shapiro, WCD Keeper of Records
91 Cypress Drive
Safety Harbor, FL 34695
email: KOR@westcoastfsa.com