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: AR08 Tournament Date 11/5-6/2026 Host Club: St Pete

Tournament Name: Pro Singles

Sponsors: Humana

Tournament Directors: Martin Shapiro, Betty Bober

Entries in this Division: Number of Teams: _____ Number of Players: 9

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: Martin Miller FSA ~~5020~~ Club: Pinellas Park
   Name: _____ FSA #: _____ Club: _____
2. Name: Jeff Stunek FSA # 8021 Club: St Pete
   Name: _____ FSA #: _____ Club: _____
3. Name: Lela Gonzales FSA # 7917 Club: St Pete
   Name: ~~W~~ FSA #: _____ Club: _____
4. Name: Frank Niziolek FSA # 4811 Club: St Pete
   Name: _____ FSA #: _____ Club: _____

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

1. Name: Aaron Dinkelman FSA # 6526 Club: Pinellas Park
   Name: _____ FSA #: _____ Club: _____
2. Name: Lura Nelms FSA # 8218 Club: St Pete
   Name: _____ FSA #: _____ Club: _____
3. Name: Alan Rosetti FSA # 7527 Club: St Pete
   Name: _____ FSA #: _____ Club: _____
4. Name: Jaye Flood FSA # 8250 Club: St Pete
   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