

FSA REPORT FORM FOR STATE TOURNAMENTS

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

(PLEASE PRINT OR TYPE. WHEN THERE ARE TWO OR MORE TOURNAMENT DIVISIONS, USE A SEPARATE FORM FOR EACH ONE.)

Tournament Number: _____ Tournament Date: _____ Host District: _____

Host Club: _____ Tournament Name: _____

Sponsor: _____

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

TYPE OF TOURNAMENT: (check all of the terms that describe the tournament division on this form)

Pro Am Men Ladies Sgls Dbls Mix Any Draw Open Sr Walk Non-walk

MAIN EVENT WINNERS

1 Name: _____ FSA #: _____ Club: _____ Dist: _____
Name: _____ FSA #: _____ Club: _____ Dist: _____

2 Name: _____ FSA #: _____ Club: _____ Dist: _____
Name: _____ FSA #: _____ Club: _____ Dist: _____

3 Name: _____ FSA #: _____ Club: _____ Dist: _____
Name: _____ FSA #: _____ Club: _____ Dist: _____

4 Name: _____ FSA #: _____ Club: _____ Dist: _____
Name: _____ FSA #: _____ Club: _____ Dist: _____

CONSOLATION WINNERS

1 Name: _____ FSA #: _____ Club: _____ Dist: _____
Name: _____ FSA #: _____ Club: _____ Dist: _____

2 Name: _____ FSA #: _____ Club: _____ Dist: _____
Name: _____ FSA #: _____ Club: _____ Dist: _____

3 Name: _____ FSA #: _____ Club: _____ Dist: _____
Name: _____ FSA #: _____ Club: _____ Dist: _____

4 Name: _____ FSA #: _____ Club: _____ Dist: _____
Name: _____ FSA #: _____ Club: _____ Dist: _____

Players Making Instant Pro (If none, print NONE): _____

Tournament Directors: _____

If you mail this report, please post it at a **Main Post Office** immediately after the tournament is finished. Enter winners' names and FSA #s exactly as shown on their registration forms or FSA list. (Players must always use the same exact name when they register for any tournament.)

PLEASE DOUBLE CHECK SPELLING AND FSA #s OF WINNERS' NAMES!

Send or Give One Copy of this Form to:
Darden Nelms, Keeper of Records
328 Wood Ibis Ave
Tarpon Springs, FL 34689