PROVINCIALLY RANKED TOURNAMENT RESULTS FORM
FOR ALL NON-SINGLES EVENTS

[FOR ELECTRONIC SUBMISSION, CLICK ON CHECK BOXES TO ☒]

TOURNAMENT NAME: _____

DATE(S) OF EVENT: _____

EVENT: _____ **TOTAL # OF PLAYERS OR TEAMS IN THE EVENT:** _____

EVENT FORMAT: ☐ **COMPLETE KNOCKOUT** ☐ **MODIFIED ROBIN ROBIN/KNOCKOUT**

FINISHING POSITION	PRIZE MONEY	NAMES OF EACH TEAM PLAYER
1st		
2nd		
Jnt 3rd		
Jnt 3rd		
Jnt 5th		
Jnt 5th		
Jnt 5th		
Jnt 5th		
Jnt 9th		
Jnt 9th		
Jnt 9th		
Jnt 9th		
Jnt 9th		
Jnt 9th		
Jnt 9th		
Jnt 9th		
Jnt 17th		
Jnt 17th		
Jnt 17th		
Jnt 17th		
Jnt 17th		
Jnt 17th		
Jnt 17th		
Jnt 17th		
Jnt 17th		
Jnt 17th		
Jnt 17th		
Jnt 17th		
Jnt 17th		
Jnt 17th		
Jnt 17th		

RESULTS MUST BE SUBMITTED TO THE DARTS ALBERTA TOURNAMENT DIRECTOR WITHIN FIFTEEN (15) DAYS OF COMPLETION OF THE TOURNAMENT