



DARTS ALBERTA YOUTH PROVINCIAL RANKING PROGRAM RANKED TOURNAMENT RESULTS SUBMISSION



RESULTS MUST BE SUBMITTED WITHIN FIFTEEN (15) DAYS OF COMPLETION OF THE TOURNAMENT

GENERAL INFORMATION

NAME OF TOURNAMENT: _____

VENUE NAME: _____

ADDRESS: _____ **ZONE:** _____

CITY / TOWN: _____ **POSTAL CODE:** _____

HOME PHONE #: _____ **WORK PHONE #:** _____

DATE(S) PLAYED: _____

TOTAL PRIZE MONEY PAID OUT: _____

SUMMARY OF EVENTS PLAYED, PARTICIPATION & PRIZE MONEY

EVENT:	ENTRY FEE:	# OF ENTRIES:	PRIZE MONEY:
EXAMPLE: Junior Male Singles	\$ 10.00	15	\$ 150.00
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
TOTAL # OF EVENTS	TOTAL ENTRY FEES	TOTAL # OF ENTRIES	TOTAL PRIZE MONEY
_____	\$ _____	_____	\$ _____

SUBMISSION OF DARTS ALBERTA "TOURNAMENT EVENT" RANKING FEE

_____	JUNIOR MALE ENTRIES	@ \$1.00	=	\$ _____
_____	JUNIOR FEMALE ENTRIES	@ \$1.00	=	\$ _____
_____	SENIOR MALE ENTRIES	@ \$1.00		_____
_____	SENIOR FEMALE ENTRIES	@ \$1.00		_____
TOTAL RANKED FEE REMITTED				\$ _____

I certify that the details provided in this Open Tournament Report are accurate and enclose a cheque or money order herewith to cover the total ranking fees for each participant in the tournament.

_____ _____

DATE SIGNATURE

SUBMIT ONE RESULTS SHEET PER EVENT