YOUTH PROVINCIALLY RANKED TOURNAMENT RESULTS FORM
FOR ALL NON-RANKED 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 ROUND ROBIN/KNOCKOUT**

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

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