

TOURNEY REPORT

DATE OF REPORT: _____

SUBMITTED BY: _____

MKA: _____

ADDRESS: _____

CITY _____ STATE: _____ ZIP: _____

PHONE (____) _____

MARSHAL IN CHARGE OF LIST: _____

EVENT LIST HELD: _____ DATE: _____

LOCATION OF LIST: _____

TITLE OF LIST: _____ TITLE: _____

WEAPON RESTRICTIONS: Yes No (Circle. Explain affirmatives.)

NUMBER OF FIGHTERS: _____ NUMBER OF MARSHALLS: _____

LIST WINNER: _____ MKA: _____

RUNNER UP: _____ MKA: _____

CHIRURGEON IN CHARGE: _____ MKA: _____

HERALD IN CHARGE: _____ MKA: _____

INFRACTIONS OR EXCEPTIONS TO THE RULES OF THE LIST:

Explain any on attached sheets as needed

NUMBER OF INJURIES: _____ (If more than 0, attach injury reports)

MASTER/MISTRESS OF THE LISTS: _____ MKA: _____

ADDITIONAL COMMENTS:

