CBF STaC GAME REPORTING FORM

NAME/NOM:_____CLUB #/ NUMÉRO du CLUB _____

CLUB NAME/NOM du CLUB: _____

PHONE #/ TÉLÉPHONE #: _____

TOTAL NUMBER OF TABLES (for whole week): _____

AMOUNT ENCLOSED/SOMME JOINDRE: _____

GAMES HELD:

Day/Jour	Time/Temp.	Type of Game/ Type des Compétitions	# Tables	STaC Fees ($8.00 per table)
TOTALS				

Send this report and the total table fees due to: (make cheque payable to CBF)

CBF
1 Pietro Drive
Maple, ON L6A 3J4