

USASND/Monsta Tournament Series - Tournament Results Form

LOCATION

DATE(S)

CLASSIFICATION(S)

TOURNAMENT DIRECTOR

PHONE NUMBER

E-MAIL ADDRESS

Place	Full Team Name	City	Manager	Classification	One-time Tournament Team*

* *Designate if the team submitted a one-time tournament roster and, therefore, cannot qualify for the tournament series*

TOURNAMENT DIRECTORS: Please complete one form for each tournament (i.e., if you hold C-D, Rec 1-2 & Rec 3-4 tournaments, submit a form for each). If possible, please email this completed form to stateoffice@usasoftballind.com at your earliest convenience. A fillable version PDF of this form is available on the Forms page of USASoftballIND.com.