



2010 Provincial Championship Tournament Director's Report

Championship: _____

Division

Male/Female

Host Location: _____

Director's Name: _____

Home Mailing Address: _____

City / Town: _____ Postal Code: _____

Email _____

Phone #'s (Home) _____ (Cell) _____

(Work) _____ (Fax) _____

Please rate the following on a scale of **1 (poor) –10 (outstanding)**

*Please mark NA if not available

Field #1

Lighting _____

Washrooms _____

Telephone on site (excl. cell phone) _____

Grounds keeping _____

Lighting _____

Canteen _____

First Aid _____

Scorekeepers _____

Umpires _____

Field #2

Lighting _____

Washrooms _____

Telephone on site (excl. cell phone) _____

Grounds keeping _____

Lighting _____

Canteen _____

First Aid _____

Scorekeepers _____

Umpires _____

Additional Information: _____



Championship Team	
Members	
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16.	
Coach	
Assistant Coach	
Manager	
Bat Boy	



Game Results Regular Round		
Winning Team	Losing Team	Score

Game Results Playoffs		
Winning Team	Losing Team	Score

**Please attach any additional information/comment if required.*

