NSA/BPA TOURNAMENT
DIRECTOR & UIC REPORT

Dates: _____
Name: _____
Location: _____
Classification: _____
Director: _____
Tournament UIC: _____

UIC: Fee $_____ **Name**_____
UIC: Fee $_____ **Name**_____

Name	# of Games Fee	Travel	Deductions	Total	Check #
Total					

UIC Comments:

Director Comments:

Top copy to State UIC **Bottom copy to Tournament UIC**