



Wisconsin Debate *Coaches Association*

State Tournament of Champions (STOC) Invitational Tournament Results Form

Tournament Directors: This form (and its online counterpart) must be completed and returned *within one week* of the completion of your tournament in order to accurately verify qualifying teams. Please submit a complete copy of your tournament results with this form. Failure to submit tournament results may affect the sanctioning of your tournament in the upcoming year.

Duplicate this form as needed.

<input type="checkbox"/> N4 <input type="checkbox"/> JV4 <input type="checkbox"/> V4 <input type="checkbox"/> VS <input type="checkbox"/> LD <input type="checkbox"/>	School:	Code/No.:	Record:	Place:	Tied 1st: <input type="checkbox"/>
1/A:		1N:			
2/A:		2N:			

<input type="checkbox"/> N4 <input type="checkbox"/> JV4 <input type="checkbox"/> V4 <input type="checkbox"/> VS <input type="checkbox"/> LD <input type="checkbox"/>	School:	Code/No.:	Record:	Place:	Tied 1st: <input type="checkbox"/>
1/A:		1N:			
2/A:		2N:			

<input type="checkbox"/> N4 <input type="checkbox"/> JV4 <input type="checkbox"/> V4 <input type="checkbox"/> VS <input type="checkbox"/> LD <input type="checkbox"/>	School:	Code/No.:	Record:	Place:	Tied 1st: <input type="checkbox"/>
1/A:		1N:			
2/A:		2N:			

<input type="checkbox"/> N4 <input type="checkbox"/> JV4 <input type="checkbox"/> V4 <input type="checkbox"/> VS <input type="checkbox"/> LD <input type="checkbox"/>	School:	Code/No.:	Record:	Place:	Tied 1st: <input type="checkbox"/>
1/A:		1N:			
2/A:		2N:			

<input type="checkbox"/> N4 <input type="checkbox"/> JV4 <input type="checkbox"/> V4 <input type="checkbox"/> VS <input type="checkbox"/> LD <input type="checkbox"/>	School:	Code/No.:	Record:	Place:	Tied 1st: <input type="checkbox"/>
1/A:		1N:			
2/A:		2N:			

Signature of Tournament Director: _____

Send To: STOC Tournament Director
 Thomas Noonan
 Marquette University High School
 3401 W. Wisconsin Ave.
 Milwaukee, WI 53208

School Fax: (414) 937-8588