To ensure payment of prize money include contact information when filling out the entry form

HOME ADDRESS		CITY	ZIP
PHONE	E-MAIL AD	CITY DDRESS	
1 ST EVENT (circle of	one) Mens Team *	Mixed Team * Mens Dou	ibles * Mixed Doub
TIME (circle 1 st choid	ce) Saturday 8:30am	* Saturday 12pm * Satur	day 4:00pm * Sunda
TEAM NAME			
		vler *Indicate doubles partners w	ith brackets
NAME		AVG	
1.			
5		Mixed Team * Mens Doub	
5 2 nd EVENT (circle o	one) Mens Team * 1	Mixed Team * Mens Doub	les * Mixed Double
5 2 nd EVENT (circle o TIME (circle 1 st choic	one) Mens Team * 1 ce) Saturday 8:30am	Mixed Team * Mens Doub * Saturday 12pm * Saturo	les * Mixed Double
5 2 nd EVENT (circle o TIME (circle 1 st choid TEAM NAME	one) Mens Team * 1 ce) Saturday 8:30am	Mixed Team * Mens Doub * Saturday 12pm * Saturo	les * Mixed Double lay 4:00pm * Sunday
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