



BATTLE OF FLATROCK 6

OCTOBER 18, 19, 21- 2019

AERIE NAME AND NUMBER:
_____#_____

TEAM NAME:

NAME OF TEAM CAPTAIN:

PHONE (Please state best time to contact):

ADDRESS OF TEAM CAPT EMAIL ADDRESS _____

Street: _____ City: _____ State: NE Zip: _____

All team members must be in good standing and have current paid MMS receipt. Players without MMS receipts will not be eligible to play. If you know names, please list PRINT OR TYPE their names below, as they would be paired. Changes may be made until Friday night, as this will assist us with getting most names CORRECTLY entered into the computer program.

Please list all players below---

Please print or type:

A. _____

AA. _____

GAID # _____

GAID# _____

H. _____

HH. _____

GAID # _____

GAID# _____

L. _____

LL. _____

GAID# _____

GAID# _____

M. _____

MM. _____

GAID# _____

GAID# _____

- Make checks payable to: North Platte Aerie #2839,
- Mail to 620 No Chestnut St, North Platte, Ne 69101
- Send this completed entry form and \$400.00 entry fee to the address above.
- Entry deadline is OCT 5TH, 2019 (Date determined by postmark)
- **NO REFUNDS.**
- (Make a copy of this form before sending it in. For further information contact Larry Biss (club 308-532-9458) or e-mail: foe2839@gmail.com . **Entry forms can be downloaded from www.nppool.com or www.npeagles.org,**

-----**Limited to first PAID 20 teams.**-----