

SPA – STARWARS - PICKLEBALL TOURNAMENT REGISTRATION

May the 4th 2024

NAME _____ Skill Rating _____

SKILL LEVEL'S (self assessment or certified level) BEGINNER, 2.0, 2.5, 3.0, 3.5

PLAY GROUPING PREFERENCE Same Gender _____
Mixed Gender _____
No Preference _____

ADDRESS (City / Town) _____

AGE RANGE (under 40, or 40 -55, or 55-65, or 65 and up) _____

YEARS (OR MONTHS) PLAYING EXPERIENCE _____

VENUES regularly played at _____

E-MAIL ADDRESS _____

CONTACT PHONE # _____

EMERGENCY CONTACT _____

Groupings will be assigned first by Skill Level and Gender and Age consideration where requested and possible The Tournament Organizers reserve the right to adjust the grouping as required to maintain a Competitive and Fair competition .

e-mail completed forms to spickleballtournament@gmail.com or hand deliver to Doug Diplock or Mike Brodhagen .

Payment (\$ 25 per player) to be made by e-transfer to stratfordpickleballassociation@gmail.com or by cheque payable to Stratford Pickleball Association delivered to Doug or Mike

Registration will close on April 31st 2024

Registration must be paid for before registration is confirmed .

Please direct any enquiries to spickleballtournament@gmail.com
or stratfordpickleballassociation@gmail.com