

# PARENT/CHILD TOURNAMENT



**SATURDAY JUNE 22nd**  
(RAIN DATE JUNE 23rd)

Parent First/Last Name \_\_\_\_\_ Birth Month/Day \_\_\_\_\_

Child's Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## Please select Parent-Child Tournament Division

(must be in the same family):

- Parent + Child 12 & Under
- Parent + Child 14 & Under
- Parent + Child 16 & Over

## Round Robin Format

8 games, no ad scoring  
Fee: \$50/per team  
Play begins at Noon

**PAYMENT** - \$50 per Parent-Child Team. I understand that I am responsible for the tournament team registration and that this payment is not refundable or assignable.

Credit Card Number: \_\_\_\_\_

Expiration: (mm/yy) \_\_\_\_\_ Code: \_\_\_\_\_

Signature \_\_\_\_\_

Today's Date \_\_\_\_\_