



Tournament Entry Form

Team Name _____

Captain's Name _____

Captain's Phone Number and E-mail _____

Player Names (4 Player Minimum)

Player 1 _____

Player 2 _____

Player 3 _____

Player 4 _____

Player 5 _____

Make all checks payable to: American Sons of Columbus

2415 Independence Avenue, Kansas City, MO 64124

816-483-7201

Contact Information: 816-787-6988 (text or call) email: Jwcp123@gmail.com

Tournament Director: Jerry Cammisano

Entry Fee

\$125 x _____

Non-Player

Lunch \$15 x _____

Dinner \$35 x _____

Total Enclosed

Registration Fees

\$125 per player

\$15 – Non-Player Lunch

\$35 – Non-Player Dinner

Tournament Schedule

4:00 pm Brackets will be drawn

July 31st

Thursday August 6th

Open Practice All Day

Friday August 7th

Open Practice 8am – 1:45pm

1:00 pm – Captains Meeting

2:00 pm – Tournament Starts

Saturday, August 8th

8:30 am – Tournament Resumes

11:00 am – 1:00 pm – Lunch

6:30 pm – Gialde Dinner

Sunday, August 9th

8:30 am – Knockout Round & Finals