

Friday, November 10 • Check-in 8:00-8:30am, Games start at 8:30am

Please print clearly and legibly • Please fill out registration form and waiver form completely and mail to The Clark Sports Center, P.O. Box 850, Cooperstown, NY, 13326 or fax to (607) 547-4100 • Questions? Call us at (607) 547-2800

Cost per player: \$3 for members, \$6 for non-members • Registration deadline: November 6th

[illegible]

☐ 5-6 Grade ☐ 7-8 Grade

[illegible]

--	--	--	--	--	--

[illegible]

--	--

☐ Member ☐ Non-member[illegible]☐ Male ☐ Female

10/10

[illegible]

--	--

--	--	--	--	--

[illegible]

Signature • By signing, you agree that your information is correct.

[illegible]

--	--	--	--	--	--

[illegible]

--	--

☐ Member ☐ Non-member

[illegible]

☐ Male ☐ Female

--	--

[illegible]

--	--

--	--	--	--	--

[illegible]

Signature • By signing, you agree that your information is correct.

Player Three (Please fill out all information clearly and accurately)

First Name

Date Of Birth

Last Name

Age (At time of tournament date)

☐ Member ☐ Non-member

Address

Gender

☐ Male ☐ Female

Grade

City

State

Zip Code

Phone

Signature • By signing, you agree that your information is correct.

Player Four (Please fill out all information clearly and accurately)

First Name

Date Of Birth

Last Name

Age (At time of tournament date)

☐ Member ☐ Non-member

Address

Gender

☐ Male ☐ Female

Grade

City

State

Zip Code

Phone

Signature • By signing, you agree that your information is correct.

Payment Method
☐ Cash or Check Enclosed (Please make checks payable to The Clark Sports Center.)

Cost per player: \$3 for members, \$6 for non-members

Payment must be turned in as a team to Scott Whiteman**Players****Member****Non-member****Total**

Name: _____

☐
☐

\$ _____

Name: _____

☐
☐

\$ _____

Name: _____

☐
☐

\$ _____

Name: _____

☐
☐

\$ _____

Total Paid: _____