

PLAYER'S CHOICE HANDICAPPING TOURNAMENT



**ENTRY DEADLINE IS 4:00 P.M. THE FRIDAY BEFORE THE TOURNAMENT DATE
NO LATE ENTRIES WILL BE ACCEPTED**

Name: _____ Phone: _____

Signature: _____ Email: _____

Home address: _____ Postal Code: _____

HPI Account # _____

Please circle date entering for: January 22 February 19 March 19 April 30

Entry fee: \$25 - Paid: cash, credit card, e-transfer
(please circle form of payment)

Bankroll: \$60 - Paid: cash, credit card, e-transfer
(please circle form of payment)

PLEASE NOTE THAT ENTRY FEE AND BANKROLL MUST BE PAID AT TIME OF ENTRY

FOR INTERNAL USE ONLY

Date: _____ Time: _____

Received by: _____

Location: _____