

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 20 February 17 March 16 April 13 May 11

TOTAL \$85 (entry fee \$25 and bankroll \$60)

Paid by: cash credit card e-transfer

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

FOR INTERNAL USE ONLY

Date: _____ Time: _____

Received by: _____

Location: _____