

PASKE PARTNERS MIXED DOUBLES TOURNAMENT
REGISTRATION FORM

Event: _____ Date: _____

Player # 1 Name: _____

Address: _____

City, State and Zip _____

E-Mail: **(Please print clearly)** _____

Age: _____ Phone: _____

Player # 2 Name: _____

Address: _____

City, State and Zip _____

E-Mail: **(Please print clearly)** _____

Age: _____ Phone: _____

Fees: \$ 25.00 per team ☐

Total Fee Pd: \$ _____

I agree to participate in the Paske Partners Mixed Doubles Tournament and agree to hold harmless any individual involved in conducting this tournament voluntary and paid alike, from any claim for any physical injuries, damage to personal property, or theft of any personal property that may occur during my participation in this event. I accept full and sole responsibility for any damage I may cause through negligence and/or malice, including damages or injuries caused by my own errant shots.

Signature: _____

Date: _____

Signature: _____

Date: _____