



HOOPER CITY TOMATO DAYS 2024
PICKLEBALL TOURNAMENT REGISTRATION FORM

PERSONAL INFORMATION:

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____ AGE: _____

PARTICIPANT DETAILS:

SKILL LEVEL (CHOOSE ONE): 3.0 - 3.5 3.5 - 4.0 4.0 - 4.5

CATEGORY (CHOOSE ONE): MENS WOMENS MIXED

Waiver and Agreement: I UNDERSTAND THAT PARTICIPATION IN THIS TOURNAMENT IS AT MY OWN RISK. BY SIGNING UP, I AGREE TO ABIDE BY THE RULES AND REGULATIONS SET FORTH BY THE TOURNAMENT ORGANIZERS.

SIGNATURE: _____

DATE: _____