2007 AHPA OF INDIANA STATE CHAMPIONPS Official Entry Form Postmark DEADLINE September 1, 2007 ALL EVENTS ARE PRE-REGISTERED

Complete all information. PLEASE TYPE OR PRIINT.

Name			AHPA#
Address			
City		State	Zip
Phone Number ()	·	
Enter your Award Choice.		Cash	Plaque
Name of League (s)	pitched in.	=======	
			r AHPA use only Average
			Checked by:
Entry Fee Amount \$20.00	Circle Choice Sat Sept. 22 Sat Sept. 22 Sun Sept. 23 Sun Sept. 23	8:30 am H	andicap lass A & B + Handicap
Court Fee Amount \$20.00	Junior Class Sun Sept. 16 Sat Sept.22 Sun Sept.23	8:30 am ar	nd 1:00 pm nd 1:00 pm nd 1:00 pm
(BOTH PITCHER:		S EVENTS ATE ENTRIES	AND LIST PARTNER)
Entry Fee Amount \$9.50 per person		Sun Sept.	ching Times 16, 8:30 am 16 1:00 pm
TOTAL AMOUNT EN	NCLOSED \$		•
My partner for the I	Parent/Child will	be:	
My partner for the I	Mixed Doubles w	ill be:	
State Championship Secretary, Ramona entries must be pos Make Check payabl	Buster, 305 E, S stmarked no later	outh St. Mart than Septemb	insville, In. 46151. All per 1, 2007.

