



TYPE OF TOURNAMENT	INDIVIDUAL	<input type="checkbox"/>	DOUBLES	<input type="checkbox"/>	TEAM	<input type="checkbox"/>
TYPE OF AWARD	MONEY	<input type="checkbox"/>	THOPHIES	<input type="checkbox"/>	CHOICE	<input type="checkbox"/> OTHER _____
NAME OF TOURNAMENT	_____					
TOURNAMENT DATES	_____	_____	_____	_____	_____	_____
	(Day)	(Month)	(Year)	(Day)	(Month)	(Year)
STARTING TIMES	_____			_____		
PROMOTED BY	_____			LEAGUE CHARTER #	_____	
ENTRY FEE	\$	_____				

IF YES, EXPLAIN. \_\_\_\_\_

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Signature of Chairperson \_\_\_\_\_

Have you read this application?