



ASD Handicapping Challenge



ENTRY FORM

ENTRY DEADLINE IS 1:00 P.M. THE SATURDAY BEFORE THE TOURNAMENT DATE
NO LATE ENTRIES WILL BE ACCEPTED

Name: _____ Phone: _____

Signature: _____ Email: _____

Home address: _____ Postal Code: _____

HPI Account # _____

Tournament date (please circle): June 10 July 8 August 12 September 9 October 7

Entry fee: _____ Paid by: _____ Bankroll: _____ Paid by: _____
(ettransfer, credit card, cash) (ettransfer, credit card, cash)

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

FOR INTERNAL USE ONLY

Date: _____ Time: _____

Received by: _____

Location: _____