

PLAYER'S CHOICE HANDICAPPING TOURNAMENT



**ENTRY DEADLINE IS 4:00 P.M. THE FRIDAY BEFORE THE TOURNAMENT DATE
NO LATE ENTRIES WILL BE ACCEPTED**

Name: _____ Phone: _____

Signature: _____ Email: _____

Home address: _____ Postal Code: _____

HPI Account # _____

Tournament date: January 31 February 28 March 28 April 25

TOTAL \$85 (entry fee \$25 and bankroll \$60) **Paid by:** cash credit card e-transfer

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

FOR INTERNAL USE ONLY

Date: _____ Time: _____

Received by: _____

Location: _____