2013 Big Island Handicap Open, *December 28, 2013*

Print & mail

Name : _____
Address: _____
City: _____ State _____ Zip _____
Phone (____)_____ Birth Date _____/_____/_____
Rating _____USATT # _____ Club _____
E-mail address: _____

Entry Fee	Event No.	Name of Event
$_____	1	HANDICAP RR ($15.00) 9am
$_____	2	U-1200 RR ($10.00) 2:00pm
$_____	3	1200 & OVER RR ($10.00) 2:00pm

$ **5.00 (REQUIRED) Waimea's County Sports Equipment Program**
$ *15.00 LATE FEE (if entering AFTER December 23, 2013)*
$ _____ Donation for balls, nets, trophies, food, etc.
$ _____ **Total Fees Enclosed**

I will abide by all USATT regulations. I assume full responsibility for my participation in this tournament and release the sponsors, tournament committee and USATT from all claims. Tournament directors reserve the right to cancel events due to insufficient number of players and to close events when full. Decisions are final, but full refunds will be given for any cancelled events.

Signature _____Date_____

Make checks payable to: **LEN WINKLER**

Mail to:

Len Winkler
Box 42
Hawi, HI 96719