

HOUSTON ALZHEIMER'S BENEFIT

SENIOR PICKLEBALL TOURNAMENT

REGISTRATION FORM

Name: _____ **Sex:** () () **T-Shirt Size** _____

Male Female

Tel: _____ **Email:** _____

Address: _____

Street

City

State

ZIP

1st Event: () MD50+ () MD65+ () WD50+ () WD65+ () MXD50+ () MXD65+
() NMD50+ () NMD65+ () NWD50+ () NWD65+ () NMXD50+ () NMXD65+

Partner: _____ **T-Shirt Size** _____

2nd Event: () MD50+ () MD 65+ () WD 50+ () WD65+ () MXD50+ () MXD65+
() NMD50+ () NMD65+ () NWD50+ () NWD65+ () NMXD50+ () NMXD65+

Partner: _____ **T-Shirt Size** _____

Entry Fee: \$35 for 1st Event \$5 for 2nd Event (Limit of 2 Events per player)

Amount Enclosed: \$ _____

Make Checks Payable to: Mike Goldberg

Mail Entries To: Katy Pickleball

20307 Monkswood Dr.

Katy, TX 77450