



**HOUSTON ALZHEIMERS BENEFIT  
SENIOR PICKLEBALL TOURNAMENT  
REGISTRATION FORM**

**Name:** \_\_\_\_\_ **Sex:** Male( ) Female( )

**Tel:** \_\_\_\_\_ **Email:** \_\_\_\_\_ **T-Size** \_\_\_\_\_

**Address:** \_\_\_\_\_  
**Street City State ZIP**

**1<sup>st</sup> Event:** ( ) MD50+ ( ) MD 65+ ( )WD 50+ ( )WD65+ ( ) MXD50+ ( ) MXD65+

**Partner:** \_\_\_\_\_ **T-Size** \_\_\_\_\_

**2<sup>nd</sup> Event:** ( ) MD50+ ( ) MD 65+ ( )WD 50+ ( )WD65+ ( ) MXD50+ ( ) MXD65+

**Partner:** \_\_\_\_\_ **T-Size** \_\_\_\_\_

**1<sup>st</sup> Event:** ( )NMD50+ ( )NMD65+ ( )NWD50+ ( )NWD65+ ( )NMXD50+ ( )NMXD65+

**Partner:** \_\_\_\_\_ **T-Size** \_\_\_\_\_

**2<sup>nd</sup> Event:** ( )NMD50+ ( )NMD65+ ( )NWD50+ ( )NWD65+ ( )NMXD50+ ( )NMXD65+

**Partner:** \_\_\_\_\_ **T-Size** \_\_\_\_\_

**Entry Fee: \$40 for 1<sup>st</sup> Event / \$5 for 2<sup>nd</sup> Event (Limit of 2 Events per player)**

**CASH & CHECKS:** Enclosed: \$ \_\_\_\_\_ (Make Checks Payable to: Mike Goldberg)

**CREDIT CARDS:** CARD TYPE: ( ) AMEX ( ) VISA ( ) MASTERCARD (\$2 charge for credit )

\_\_\_\_\_  
**Address City State**

\_\_\_\_\_  
**Cardholder Name Tel. No. ZIP Code**

\_\_\_\_\_  
**Account Number CV Code**

**Mail Entries To: Katy Pickleball, 20307 Monkwood Dr., Katy, TX 77450**