



REGISTRATION FORM

Team Name: _____

Team Captain: _____

Email Address: _____

Partner Name: _____

- \$50 per team
- Double elimination tournament

First Place- \$250 cash prize

Runner Up- \$100 cash prize

Team Captain Signature: _____

- **Email completed form to: front@mtpleasanttx.com or turn in at Mount Pleasant Chamber of Commerce: 1604 N. Jefferson Ave, Mount Pleasant, TX 75455**
- **Or turn form and money in day of event**

Paid: <input type="checkbox"/> YES <input type="checkbox"/> NO Cash: _____ Check: # _____ Card: _____
