

48 Hr. Tournament Entry Form

Name of Team: _____

Manager's Name: _____

Manager's Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Wk Phone: _____

Fax: _____ E-Mail: _____

Contact Person: _____ Cell #: _____

Secondary Contact: _____ Cell#: _____

Hotel at which you are staying: _____

Date of Tournament: ____ ____ ____ To ____ ____ ____

Circle One below:

Men's Competitive Co-ed Competitive

Men's Recreation Co-ed Recreation

Comments: _____

Please mail this form to:
Tournament Director
Dodge City Sports
P.O. Box 1371
Dodge City, KS 67801
1-800-423-2819 or 620-338-5375