

TRADITIONAL DOUBLES HORSESHOES ENTRY FORM

See Competition Schedule for Entry Deadline

Area

Team Name

Head Coach Certified Coach

Cell Phone Home Phone Work Phone

Head Coach Email

2-person team name <input style="width: 700px; height: 25px;" type="text"/>			
LAST, FIRST IN ALPHABETICAL ORDER BY LAST NAME	AGE	DATE OF BIRTH	GENDER
Athlete # 1 <input style="width: 350px; height: 25px;" type="text"/>	<input style="width: 70px; height: 25px;" type="text"/>	<input style="width: 160px; height: 25px;" type="text"/>	<input type="radio"/> Male <input type="radio"/> Female
Athlete # 2 <input style="width: 350px; height: 25px;" type="text"/>	<input style="width: 70px; height: 25px;" type="text"/>	<input style="width: 160px; height: 25px;" type="text"/>	<input type="radio"/> Male <input type="radio"/> Female

DIVISION	<input type="radio"/> 8 - 11 <input type="radio"/> 12 - 15 <input type="radio"/> 16 - 21 <input type="radio"/> 22 - 29 <input type="radio"/> 30 +	Oldest person on team determines division.
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Print 2 copies before hitting Reset. Keep 1 Copy and send 1 copy to the person listed in the Competition Schedule for your event.