



PIONEER REGION

SANCTIONED TOURNAMENT REQUEST FORM

PLEASE FILL OUT A SEPARATE FORM FOR EACH TOURNAMENT DATE YOU ARE REQUESTING

NAME _____

PIONEER REGION MEMBER YES NO

CLUB AFFILIATION _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE CELL _____ HOME _____

WORK _____

EMAIL _____

TOURNAMENT NAME _____

DATE(S) IN ORDER OF PRIORITY 1) _____ 2) _____ 3) _____

AGE DIVISION(S) _____ # OF TEAMS _____

ENTRY FEE \$ _____ MATCHES GUAREENTEED _____ # OF COURTS _____

Please return to:

Pioneer Region

1820 Taylor Ave,

Louisville, KY 40213

Fax: 502-473-0944