

PIONEER REGION
SANCTIONED TOURNAMENT REQUEST FORM

NAME _____

PIONEER REGION MEMBER: YES NO CLUB AFFILIATION _____

ADDRESS _____

CITY _____ ST _____ ZIP CODE _____

PHONE C) _____ W) _____ H) _____

EMAIL ADDRESS _____

Please fill out a separate form for each tournament date you are requesting.

TOURNAMENT NAME _____

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

AGE DIVISION(S) _____ # OF TEAMS _____

ENTRY FEE _____ MATCHES GURARANTEED _____ # OF COURTS _____

Please return to:
Pioneer Region
1820 Taylor Ave
Louisville, KY 40213
Fax: 502-473-0944