

**“CURE FOR DIABETES” EUCHRE TOURNAMENT
REGISTRATION FORM
Saturday February 16th, 2019*
(PLEASE PRINT)**

Skill Level
1 - Good
2 - Very Good
3 - Expert **“X” if**
(Circle One) Skins **Player Name**** **Address***** **Phone #** **E-mail Address**

**(If more than one player
is on this form please
circle the group contact)**

(Circle One)	Skins	Player Name**	Address***	Phone #	E-mail Address
1 2 3	_____	_____	_____	(____)_____	_____
1 2 3	_____	_____	_____	(____)_____	_____
1 2 3	_____	_____	_____	(____)_____	_____
1 2 3	_____	_____	_____	(____)_____	_____
1 2 3	_____	_____	_____	(____)_____	_____

Total # of Players _____ X \$25 = \$_____ (\$25 Entry Fee includes sandwiches, snacks, and drinks)

Total # Playing Skins _____ X \$10 = \$_____ (Optional - See Skins document for explanation)

Total \$_____

Reservations will be confirmed either by e-mail or phone call prior to the tournament.

Please send this form along with a check made payable to the “Cure for Diabetes Foundation” **prior to February 2nd** to:

Greg Franzen
 116 Ridgeway Crossing
 Alexandria, KY 41001

If you have any questions please call Greg Franzen at 859-512-8832 or email us at curefordiabeteseuchre@gmail.com.

* Doors open and Food & Drinks served at 5:30pm. Players must register at the door prior to 6:30pm.

** If needed, use the back of this sheet for additional players.

*** Addresses are used to give advance notice for future tournaments.