Humana-Island Doctors Bainbridge Cup Tournament Pictona Member Registration Form PLEASE PRINT

		Birthdate:						
First Name	Middle Initial	Last Name		Month	Day	Year		
Pictona Members	ship Number	Team Preference	East Team	☐West T	eam			
Select below the same price.	event(s) you wou	ld like to enter. You	may enter eithe	r one, two, o	<u>r three</u>	events for		
Men's Double	es							
USA Pickleball UT	PR Rating (if you	have)	Self-Rating (if n	o UTPR Ratir	ng)			
Men's Doubles P	artner 🔲 I	don't have a partne	er at this time bu	t wish to ent	er any	way		
			Birthdat					
First Name	Middle Initial	Last Name		Month	Day	Year		
Pictona Member	□Yes □No	o If member	: Pictona Meml	bership Num	 ber			
Age Group [<u>]</u> 19+ <u></u> 35+ [50+55+60)+	+75+				
Skill Level [3.0 3.5	4.04.55	.0					
Women's Do	ubles							
USA Pickleball UT	PR Rating (if you	have)	Self-Rating (if n	o UTPR Ratir	ng)			
Women's Double	es Partner [I don't have a par	rtner at this time	but wish to	enter a	anyway		
First Name	Middle In	 itial Last	Birthdat Name	te: Month	Day	Year		
Pictona Member	□Yes □No	o If member	: Pictona Meml					
Age Group [19+35+ [50+55+60)+	+75+				
Skill Level	3.0 3.5	□4.0 □4.5 □5	.0					

(See page 2 for Mixed Doubles and Singles Registration)

Mixed Dou	bles									
USA Pickleball UTPR Rating (if you have)					Self-Rating (if no UTPR Rating)					
Mixed Doubles	Partner	☐ I don't	have a partne	er at this	time but wi	sh to ente	er anyv	vay		
					Birthdate:					
First Name		Middle Initial	Last	Name	Dirtildate.	Month	Day	Year		
Pictona Memb	er 🔲\	'es No	If member		na Members					
Age Group	<u> </u>	<u>35+</u> <u>50+</u>	<u>55+</u> 60	0+	+	<u></u>				
Skill Level	3.0	☐3.5 ☐4.0	4.55	5.0						
Singles (De	monstra	tion Sport)								
USA Pickleball	UTPR Rat	ing (if you have)		Self-Ra	ting (if no U	ΓPR Rating	g)			
Age Group	<u> </u>	<u></u> 35+ <u></u> 50+	<u>55+</u> 60	0+	+	_ 75+				
Skill Level	3.0	3.5 4.0	4.55	5.0						