

**PENNSYLVANIA STATE
HANDICAP SCHOLARSHIP SINGLES TOURNAMENT**

ENTRY RECAP REPORT FORM



CENTER: _____

DIST: _____ ASSN: _____

COACHES NAME: _____ PHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

E-Mail Address: _____

Enter the total Number of entries included in this mailing:

DIVISION	# OF ENTRIES
Girls Division C	
Boys Division C	
Girls Division B	
Boys Division B	
Girls Division A	
Boys Division A	
Add the totals from the two blocks above.	Center Total of Entries:
	State Entry Fee/Entry: \$25.00
	Total Due:

MAIL THIS FORM AND ALL COMPLETED ENTRY FORMS TO:

Jay E Daryman
809 Nightlight Dr.
York, PA 17402-8809

DO NOT WRITE IN THESE SPACES	DATE RECEIVED:		AMOUNT RECEIVED:		CHECK #	
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ATHLETES MUST SEE THESE RULES