

**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

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