

Round Robin Format

TOURNAMENT TIMES:

Saturday, April 27 | 8 AM - 6 PM Mixed Doubles

Sunday, April 28 | 8 AM - 6 PM Men's & Women's Doubles

Choose Division:
(Limited to 8 teams per division.)

Men's Doubles
Women's Doubles
Mixed Doubles
└─ Mixed Doubles only, check one:
☐ Intermediate ☐ Advanced
Part n er 1 Name:
Partner 2 Name:

(We will try to match partners if you don't have one; no guarantees.)

Registration Fee:

Members:

\$35 - 1st Event | \$10 - 2nd Event

Non-Members:

\$40 - 1st Event | \$10 - 2nd Event

*Phone registrations will be allowed with credit card payment for entry fee. Call Shanda or the Service Desk at 406.727.7325. You can also email shanda@peakgreatfalls.com.

2024 SPRING MIX-UP PICKLEBALL REGISTRATION FORM

Mail Registration Forms to: Peak Health & Wellness Center, ATTN: Shanda Leritz 1800 Benefis Court, Great Falls, MT 59405

NAME	
ADDRESS	
PHONE	DATE OF BIRTH
EMAIL	
any and all rights and claims for respective agents, and any facilit	ecutors and administrators, waive and release damages I may have against the Peak, or their by used for this tournament, for any and all by me in connection with my competition in this
SIGNATURE	DATE
*Registration forms will not be accepted without paid fees.	

Method of Payment: ____ Cash ____ Check ____ Credit Card

EXP. DATE

CVV

CREDIT CARD #

SIGNATURE