



Pitching In For TEC Tournament Registration Form

Name of Organization: _____ or Individual: _____

A Team:

Player 1 (Captain): _____ Phone #: _____ Email: _____

Player 2: _____ Phone #: _____ Email: _____

B Team:

Player 1 (Captain): _____ Phone #: _____ Email: _____

Player 2: _____ Phone #: _____ Email: _____

C Team:

Player 1 (Captain): _____ Phone #: _____ Email: _____

Player 2: _____ Phone #: _____ Email: _____

D Team:

Player 1 (Captain): _____ Phone #: _____ Email: _____

Player 2: _____ Phone #: _____ Email: _____

Teams may be made up of men, women or men and women combined.

Registration fee is \$10.00 per person (3 games per match).

Return registration fee and form by August 27th, participants who register by August 27th will be eligible for a prize drawing.

Registration will also be accepted the day of the event but will not be eligible for prize drawing.

Mail completed registration form and check made payable to: Therapeutic Equestrian Center
P.O. Box 1250
Niles, MI 49120

For questions please call 269-429-0671 or email azicktec@gmail.com.