2024 LMC VNEA VEGAS TOURNAMENT ENTRY FORM					
NAME ON PHOTO ID		DOB	CELL NUMBER	EMAIL ADDRESS	САР
PLAYER 1 Main team player who has 12 nights played with player 2 Must Play					
PLAYER 2	Main tea	m player who ha	as 12 nights played v	vith player 1 Must Play	
		,			
PLAYER 3	Any playe	or from our V/NE	A loagues, must have	e 12 league nights played	
PLATER 5	Ally playe	er from our vive	A leagues, must hav	e 12 league flights playeu	
PLAYER 4	Any playe	er from our VNE	A leagues, must hav	e 12 league nights played	
PLAYER 5	Any playe	er from our VNE	A leagues, must hav	e 8 league nights played	
PLAYER 6	Sub playe	er if needed, mu	st have a minimum	of 8 league nights played	
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PLAYER 7	Sub playe	er if needed, mu	st have a minimum (of 8 league nights played	
<u> - 5.1.51.7</u>	July Piay	in needed, ma	se nave a minimum	or o reagae manto piayea	
TEANA NAME:		MAICC INITO			
TEAM NAME:		MISC INFO:			
Mark which player is the captain using the cap box					
		•			
Put completed form along with	th entry r	noney (If pla	ying in tournam	ent) in envelope.	
On outside of envelope, inclu	de Team	name Canta	ins name and s	Samount enclosed	
on outside of envelope, meia	ac rearr	name, capta	mio marrie, arra q	annount entities ear	
Envelope can be dropped off at our office or deposited in envelope collection box					
Office (2009 42nd St. NW. Wi	nter Have	an El 22881	1		
Office (2099 42nd St. NW, Winter Haven, FL 33881)					
Envelope collection boxes located at the following locations.					
Brew Hounds, One More Round, LA's Midway, Apple Lounge, and Desperado's Saloon					
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