

**2025 - 25<sup>th</sup> ANNUAL SAVANNAH SENATE OF TNBA MIXED TEAM, MIXED DOUBLES TOURNAMENT**

Squad Times – Teams First Choice (Team Date/Time)		Squad Times – Doubles First Choice (Doubles Date/Time)		Entry Number	DO NOT Write in this Space	
Saturday, Jan 11, 2025 <input type="checkbox"/>	7:00 AM <input type="checkbox"/>	Sunday, Jan 12, 2025 <input type="checkbox"/>	7:00 AM <input type="checkbox"/>		Amt Rec'd TM \$ _____ DBLS \$ _____ OHDCPS \$ _____ Date Rec'd _____	TM _____ DBLS _____ OHDCPS _____ TM Squad # _____ DBL/OHDCPS Squad _____
Saturday, Jan 18, 2025 <input type="checkbox"/>	11:00 AM <input type="checkbox"/>	Sunday, Jan 19, 2025 <input type="checkbox"/>	11:00 AM <input type="checkbox"/>			
Saturday, Jan 25, 2025 <input type="checkbox"/>	3:00 PM <input type="checkbox"/>	Sunday, Jan 26, 2025 <input type="checkbox"/>	3:00 PM <input type="checkbox"/>			

2<sup>nd</sup> Choice (Team Date) \_\_\_\_\_ (Team Time) \_\_\_\_\_  
 (Please Make TWO Choices)

2<sup>nd</sup> Choice (Doubles Date) \_\_\_\_\_ (Doubles Time) \_\_\_\_\_  
 (Please MAKE TWO Choices)

TEAM Name: \_\_\_\_\_ SENATE \_\_\_\_\_ CITY \_\_\_\_\_ STATE: \_\_\_\_\_

Official Team Line Up (Please Type or Print)	Sex M F	Address (City/State) (Please Type or Print)	Social Security No. (Required for Winners of \$600.00 or more prior to your check being mailed out)	23/24 Highest AVG	USBC Number	TNBA Number	
1.							
2.							
3.							
4.							
Doubles Line Up (Please Type or Print)	Sex	Address (City/State) (Please Type or Print)	Social Security No. (Required for Winners of \$600.00 or more prior to your check being mailed out)	23/24 Highest AVG	USBC Number	TNBA Number	Optional HDCP Singles \$15
1.A	M						
2A.	F						
1B.	M						
2B.	F						

**We hereby certify the correctness of the above entry and agree to abide by the Tournament Rules.**

Signature of Team Captain: \_\_\_\_\_  
 Print Team Captain's Name: \_\_\_\_\_ Tel. no. \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State/Zip code: \_\_\_\_\_

Email address for Coordinator: \_\_\_\_\_  
 Signature of Team Coordinator: \_\_\_\_\_  
 Print Coordinator's Name: \_\_\_\_\_ Tel. no. \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State/Zip code: \_\_\_\_\_

**MAKE CERTIFIED CHECKS OR MONEY ORDERS:** Payable to the Savannah Senate of TNBA, Inc. and mail to:  
 c/o Folzial Hall, 453 Gaines Avenue, Albany, GA, 31707