

2026 - 26th 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 10, 2026 <input type="checkbox"/>	7:00 AM <input type="checkbox"/>	Sunday, Jan 11, 2026 <input type="checkbox"/>	7:00 AM <input type="checkbox"/>		Amt Rec'd TM \$ _____	TM _____ DBLS _____
Saturday, Jan 17, 2026 <input type="checkbox"/>	11:00 AM <input type="checkbox"/>	Sunday, Jan 18, 2026 <input type="checkbox"/>	11:00 AM <input type="checkbox"/>	DBLS \$ _____	OHDCPS _____	
Saturday, Jan 24, 2026 <input type="checkbox"/>	3:00 PM <input type="checkbox"/>	Sunday, Jan 25, 2026 <input type="checkbox"/>	3:00 PM <input type="checkbox"/>	OHDCPS \$ _____	TM Squad # _____	
				Date Rec'd _____	DBL/OHCPS Squad _____	

2nd Choice (Team Date) _____
 (Team Time) _____
 (Please Make TWO Choices)

2nd 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)	24/25 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)	24/25 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. 31701