ENTRY FORM
2005 CANADIAN OPEN
SHUFFLEBOARD TOURNAMENT
MARCH 24 - 27 2005

NAME			
ADDRESS			
CITY ZIP		PROV	
PHONE ()	E-		
MAIL			

PLEASE CIRCLE:

- 1. THE GAMES YOU WANT TO PLAY
- 2. THE CATAGORY YOU ARE ENTERED IN
- 3. ADD THE NAME OF YOUR PARTNER
 (IF YOU HAVE NONE AND WANT ONE-SO INDICATE)

THU MAR 24	FRI MAR 25	SAT MAR 26	SUN MAR 27
ABC DRAW	SINGLE	DOUBLE	MIXED
A-\$20.00 B-\$20.00 C-\$20.00	A-\$35.00 B-\$25.00 C-\$15.00	A-\$35.00 B-\$25.00 C-\$15.00	A-\$35.00 B-\$25.00 C-\$15.00
'	 	PARTNER	PARTNER

TOTAL	ENTRY	FEE

CANADIAN FUNDS ONLY

PLEASE MAKE CHEQUES OR MONEY ORDERS PAYABLE TO: V.I.S.A.
MAIL TO:
GEORGE PRIOR
1342 SAUNDERS ST
ESQUIMALT BC

V9A 4Y4

OR

E-MAIL: weirdo@shaw.ca