



MASA OFFICIAL TOURNAMENT

Information Request

Name _____

Address _____

City _____

Zip Code _____

Telephone (Home) _____

Telephone (Business) _____

Fax number _____

Are you registered with MASA? Yes No

Registration number _____

What tournament are you interested in? _____

Team Name _____

Team Classification _____

Please complete and mail to:

Scott Kelly, Commissioner at Large
208 W. Lincoln
Charlevoix, MI 49720

scott@masad21.org