

REGISTRATION FORM

SATURDAY, NOVEMBER 11

STAGGERED START TIMES 8 AM - 4 PM

MONTECITO CLUB

921 SUMMIT ROAD

CONTACT INFORMATION

Name: Partne	er's Name:
Team Skill Level (select one below):	
Beginner (I play for fun) Intermediate (I like to wir	n, but also have fun) 🔲 Advanced (I play to win!)
Email	Phono:
Email:	1 Hone
PAYMENT METHOD	
Credit Card	
☐ Mastercard ☐ Visa ☐ AmEx	** TOURNAMENT COST
Card Number:	\$125 – Individual \$250 – Team of Two
Exp. Date: CVC:	
	PLEASE NOTE
Name on Card:	Brackets will be built based on SKILL level, regardless
Address:	
	appropriately.
City, State, Zip:	Players will be notified of
Check	their specific start time the week of the event.
I will mail a check in the amount of \$ payable to:	Space is limited—spots will be filled on a first
Family Service Agency • 123 W Gutierrez St, Santa Barbar	
Please add memo: "Pickleball Tournament"	EMAIL FORM TO
	Emma Sonsini
Website	esonsini@fsacares.org









TOURNAMENT COST

PLEASE NOTE

EMAIL FORM TO

THANK YOU!

I will pay online at fsacares.org/pickleball