

REGISTRATION FORM

(Please Print)

Today's date:					
INFORMATION					
Player's last name: First: Middle: .				ACBL Number:	
Master Points:		Birth date: / /		Age:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Street address:		Cell Phone no. ()		Home phone no.: ()	
City:			State:		ZIP Code:

IN CASE OF EMERGENCY				
Name of friend or relative		Relationship to player:	Home phone no.: ()	Cell phone no.: ()