

ADO REGIONAL PLAYOFF REGISTRATION FORM

ALL participants MUST complete this form PRIOR to the start of play.

LEGAL NAME: _____ SEX: Male Female

STREET ADDRESS: _____ NICKNAME: _____

CITY: _____ STATE: _____ ZIP: _____

ADO MEMBER LG./ASSN. YOU REPRESENT? _____ REGION: _____

HOME PHONE: (____) _____ CELL: (____) _____ HRS. _____

WORK PHONE: (____) _____ EXT: _____ HRS. AVAILABLE: _____

E-MAIL: _____ BORN IN THE U.S. Y____ N____

BIRTH DATE: _____ / _____ / _____ SHIRT SIZE: _____
Month Day Year

SOCIAL SECURITY NUMBER: _____ - _____ - _____ DATE: _____

NOTICE: FOREIGN PLAYERS MUST REGISTER WITH THE ADO OFFICE. To earn ADO Championship Points and represent the ADO nationally, foreign players must prove that they have been ADO members continuously domiciled in the U.S. for a period of 6 months plus 1 day. To be eligible to represent the ADO in international competition, foreign players must prove that they have been ADO members continuously domiciled in the U.S. for a minimum of 3 years, and have not represented another nation in international competition during that time.

ALL ADVANCERS and ALTERNATES (circle one)

COMPLETE THE FOLLOWING TRAVEL SECTION

(check ONE)

- I ALREADY HAVE AN AIRLINE TICKET TO THE NATIONAL EVENT SITE
- I WILL DRIVE
- I WOULD LIKE THE ADO TO BOOK MY TICKET from CITY/AIRPORT: _____

DEPARTURE DATE DESIRED: (circle one) Wednesday Thursday Friday Other _____ / _____ / _____
Month Day Year

TIME: (check ONE) Morning Afternoon Early Evening Late Night _____

RETURN DATE DESIRED: (circle one) Saturday Sunday Monday Tuesday Other _____ / _____ / _____
Month Day Year

TIME: (check ONE) Morning Afternoon Early Evening Late Night _____

FREQUENT FLYER BONUS PROGRAM INFORMATION:

(NOTE: Requests can/will be honored based on space availability and cost. The ADO will book the best possible fare on the date of booking.)

1st Choice: Airline _____ FFBP# _____

2nd Choice: Airline _____ FFBP# _____

ADDITIONAL INFORMATION AND COMMENTS: _____

SIGNATURE: _____ DATE: _____