

ADO REGIONAL REPORT FORM PROGRAM

MASTERS, ALL-STAR,, U.S. TEAM OR, CRICKET

MEN'S OR WOMEN'S

HOST ASSN.: _____ REGION: _____

LOCATION: _____ DATE: _____

CITY: _____ STATE: _____ # OF ENTRIES: _____

1ST PLACE: Player Name: _____

Assn. Name: _____

Player qualifies to advance: _____ Yes _____ No

2ND PLACE: Player Name: _____

Assn. Name: _____

Player qualifies to advance: _____ Yes _____ No

3RD PLACE: Player Name: _____

Assn. Name: _____

Player qualifies to advance: _____ Yes _____ No

4TH PLACE: Player Name: _____

Assn. Name: _____

Player qualifies to advance: _____ Yes _____ No

Please complete BOTH sides of this form.

MAIL IMMEDIATELY, together with ALL CHECKS / MONEY ORDERS (NO CASH)
TO THE ADO CFO - P.O. Box 21901 - Columbus, OH 43221-0901

ASSOCIATION NAME	PLAYER NAME	MONEY
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____
11. _____	_____	_____
12. _____	_____	_____
13. _____	_____	_____
14. _____	_____	_____
15. _____	_____	_____
16. _____	_____	_____
17. _____	_____	_____
18. _____	_____	_____
19. _____	_____	_____
20. _____	_____	_____
21. _____	_____	_____
22. _____	_____	_____
23. _____	_____	_____
24. _____	_____	_____
25. _____	_____	_____
26. _____	_____	_____
27. _____	_____	_____
28. _____	_____	_____
29. _____	_____	_____
30. _____	_____	_____
31. _____	_____	_____
32. _____	_____	_____
33. _____	_____	_____
34. _____	_____	_____
35. _____	_____	_____
36. _____	_____	_____
37. _____	_____	_____
38. _____	_____	_____
39. _____	_____	_____
40. _____	_____	_____

SEE OTHER SIDE