



Year \_\_\_\_\_

Zone \_\_\_\_\_

## PICKLEBALL SPORT FORM

Entries must comply with the 55+ BC Games Sports Specific Rules and the BCSGS Rules and Policies

Please print

Fill in both the preferred first name and last name of all participants

Name \_\_\_\_\_ Male  Female

**Events:** *Please indicate rating level for each event entered:*

**Singles** Yes  No

Rating: 3.5  3.75  4.0  4.5+

### Doubles

Partner's Name \_\_\_\_\_

Rating: -2.75  3.0  3.25  3.5  3.75  4.0  4.5+

### Mixed Doubles

Partner's Name \_\_\_\_\_

Rating: -2.75  3.0  3.25  3.5  3.75  4.0  4.5+

**Please use one form per participant**