



LHA POKER RUN ENTRY FORM

Teams: 2 – 3
Entry Fee: \$35
of Entries: _____
Amount enclosed: \$ _____

PLEASE CHECK: _____ **I can volunteer at** _____ **AM/PM**

NAME: _____

ADDRESS: _____

EMAIL: _____ **PHONE:** _____

SIGNATURE: (of parent/guardian, if under 18) _____

Please make checks payable to: LHA Mail to: Callie Bauer, Echo Farm, Spring St., South Salem, NY 10590