

2018 Euchre & Sheephead Mail In Registration Form

Please provide complete info for each player. Use additional sheets if needed.

PLAYER 1

Check One: Euchre

Sheephead

Name: _____

Phone: _____

Mailing Address: _____

City: _____

State: _____

Zip: _____

E-Mail (optional): _____

PLAYER 2

Check One: Euchre

Sheephead

Name: _____

Phone: _____

Mailing Address: _____

City: _____

State: _____

Zip: _____

E-Mail (optional): _____

PLAYER 3

Check One: Euchre

Sheephead

Name: _____

Phone: _____

Mailing Address: _____

City: _____

State: _____

Zip: _____

E-Mail (optional): _____

PLAYER 4

Check One: Euchre

Sheephead

Name: _____

Phone: _____

Mailing Address: _____

City: _____

State: _____

Zip: _____

E-Mail (optional): _____

Additional Notes (would like to start together, start at separate tables, etc...)