PLAYER ONE: _____

PLAYER TWO (OPTIONAL): _____

NUMBER OF TIME SLOTS (CIRCLE ONE): 1 2

PLEASE RATE THE AVAILABLE TIME SLOTS 1-4 (1= MOST DESIRABLE, 4= LEAST DESIRABLE, X= UNAVAILABLE)

12:00-1:00PM ____ 1:00-2:00PM ____ 2:00-3:00PM ____ 3:00-4:00PM ____

EMAIL: _____@_____.COM

PHONE: _____ REGISTRATION COST: $10/hr PER PERSON

PAYMENT TYPE: _____ AMOUNT ENCLOSED: $_____

(PLEASE MAKE ALL CHECKS PAYABLE TO AAC 2017)