2026 WV STATE REGIONAL VNEA TOURNAMENT
PLAYER / TEAM ENTRY FORM

PLAYER INFORMATION

Player Name:	**CSR (if applicable):**
Phone:	**VNEA Number:**
Email:	**Home Charter / League:**

EVENT SELECTION

(Check all that apply)

Singles Race 5/4			
☐ Men's 9 Ball Singles	$100	☐ Men's 8 Ball Singles	$100
☐ Women's 9 Ball Singles	$80	☐ Women's 8 Ball Singles	$80

Jack & Jill Scotch Doubles

$120/team Race to 4/4

Partner Name:		CSR
Partner VNEA #:		CSR

Teams

Team Name: _____ **Division:** ☐ Open ☐ Women's

Captain Name: _____ **Captain Phone:** _____

TEAM ROSTER (5–6 PLAYERS Open $550/4-5 Women's $440) Race is mathematical

#	Player Name	VNEA #	CSR	Phone
1				
2				
3				
4				
5				
6 (Optional)				

ENTRY FEES (All fees include greens fee $10/player**)**

Event	Fee	Total
Singles	$_____	$_____
Scotch Doubles (per team)	$_____	$_____
Team Entry	$_____	$_____
Banquet x _____	$_____	$_____

Total Amount Due: $_____

Payment Method: Checks Only
Make checks payable to North Central West Virginia VNEA
P.O. Box 143
Granville, WV 26534

PLAYER / CAPTAIN CERTIFICATION

I certify that all information provided is accurate and that I understand and agree to abide by all tournament rules, eligibility requirements, and conduct policies.

Signature: _____ **Date:** _____

FOR TOURNAMENT STAFF ONLY

- Entry Received By: _____
- Date Received: _____
- Payment Verified: ☐ Yes ☐ No
- CSR Verified: ☐ Yes ☐ No
- Notes: _____