

NH-HPA Membership Application

Player Information

NHPA # _____ (If known)

* First Name: _____

* Last Name: _____

* Date of Birth – Month ____ Day ____ Year _____

* Street: _____

* City: _____ * State: _____ * Zip Code: _____

* Phone Number'(s): Home: _____ Cell: _____

* E-Mail Address: _____

Your email address is needed so that you can be contacted for announcements and, so that tournament directors can share line-ups.

(*Required) – If you don't fill out the required information your application and check will be returned.

Player Group *(check one)*

Male (18+) 40'

Elder Male (65+) 30'

Female (18+) 30'

Jr. Boy (18 or under the entire year) 30'

Jr. Girl (18 or under the entire year) 30'

Cadet Boy (12 or under the entire year) 20'

Cadet Girl (12 or under the entire year) 20'

Years active in the NHPA if known _____

Checks for \$30.00 payable to: NH-HPA

Please mail this application along with your check to:

NH-HPA
Attention: Kenneth LaCoille
660 Route 10
Gilsum, NH 03448

If you have questions call, text or email:

Ken LaCoille, Sec/Treas,

text - (603) 313-0659

call – (603) 354-8033

email : klacoillejr@gmail.com