3RD ANNUAL -

PICKLEBALL DOUBLES TOURNAMENT

ROUND ROBIN

FUNDRAISER EVENT in ENDICOTT, NY

APRIL 25-26, 2014

- UN-OFFICIATED ROUND ROBIN – USAPA RULES AND REGULATIONS
  - GAMES TO 11 POINTS WIN BY 1
  - THREE COURTS AVAILABLE
- MEDALS AWARDED TO 1ST AND 2ND, RIBBON’S TO 3RD AND 4TH
  - PLAY IN THE AGE GROUP OF THE YOUNGEST PLAYER
  - FORMAT MAY BE CHANGED AT SOLE DISCRETION
    OF TOURNAMENT COMMITTEE
- IF YOU NEED A PARTNER WE WILL TRY TO FIND ONE FOR YOU

Questions: jdchavez@stny.rr.com
REGISTRATION FORM

NAME: ________________________________
ADDRESS: ________________________________
PHONE: ________________________________
EMAIL: ________________________________

AGE AS OF 12/31/14: ___________ D.O.B: ___________
DOUBLES PARTNER: ___________________________ D.O.B: ___________
MIXED DOUBLES PARTNER: ___________________________ D.O.B: ___________

EVENT CATEGORIES:

☐ 60 AND OVER - FRIDAY 25th  ☐ OPEN - SATURDAY 26th

FOR DOUBLES: 8 AM - REGISTRATION & WARM UP  9 AM - PLAY BEGINS

FOR MIXED DOUBLES: 1:30 PM - REGISTRATION & WARM UP  2PM - PLAY BEGINS

TOURNAMENT FEE:

1 EVENT $20 PER-PLAYER  -  2 EVENTS $25 PER-PLAYER

PLEASE MAKE CHECK (NO LATER THAN APRIL 17, 2014) PAYABLE TO:

BOYS & GIRLS CLUB OF WESTERN BROOME
ONE CLUBHOUSE RD, ENDICOTT, NY 13760

ALL TOURNAMENT CONCESSIONS AND PROCEEDS TO BENEFIT THE BOYS & GIRLS CLUB OF WESTERN BROOME FAMILY CENTER

To obtain a registration form, go to www.bgcwb.org

- for more information contact Jorge P. Chavez at jdchavez@stny.rr.com -

Waiver: In consideration of your accepting this entry, I the undersigned, intending to be legally bound, hereby, for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages I might have against the Boys & Girls Club of Western Broome, and any officials or promoters of this event and assign for all injuries suffered by me in said event. I attest and verify that I am physically fit and have sufficiently trained for this event. A licensed medical doctor has verified my physical condition.

SIGNATURE: _____________________________ DATE: _____________________________
EMERGENCY CONTACT: ___________________________ PHONE NUMBER: ____________