Come join us for the fun!

Pickle Ball Tournament
October 18th: Gender Doubles
Ages 18 and up

October 19th: Mixed Doubles

In consideration of my participation in the Litz recCenter Pickle Ball Tournament, I hereby for myself, my administrators, heirs and assigns issue and release all claims for damage against the organizers of this event. I also permit the use of the aforementioned person's name and/or pictures in media format for promotional purposes of the organizers.

Date: ____________________________
Signature: ____________________________

Emergency Contact Name: ____________________________
Phone: ____________________________

Release Form:
INFORMATION AND DETAILS
Where: Lititz recCenter
Ages: 18 and up
Dates: Sat. & Sun. October 18th & 19th
  • Doors Open at 7:00am
  • Play Starts at 8:00am
Events:
  • Gender Doubles October 18th
  • Men’s Doubles (8:00am)
  • Women’s Doubles (10:00am)
  • Mixed Doubles October 19th
Prices:
  • 1st event: $20/person
  • 2nd event $10/person
Registration:
  • Register by October 11th
  • Each player must register
  • Mail Entry form to:
    Lititz recCenter
c/o Maria Tivoli
301 West Maple St.
Lititz, Pa 17543
  • Or register online at: www.lititzrec.com (Click Upcoming Events)

Tournament Rules/Regulations
  • Standard USAPA Rules
  • Ball: Yellow/Green
  • 7 courts of play
  • Brackets
    • 4 teams or less in a bracket with round robin play
    • Organized by ages (numbers permitting; 10 yr. or 5yr. groups)
    • Double Elimination
    • Consolation Bracket
      • one game to 15
      • win by 2
    • Winners Bracket:
      • the best of 3 to 11
      • win by 2
      • max 15 win by 1 point
  • Prizes will be awarded to 1st, 2nd & 3rd place for each event

Questions?
Contact Maria Tivoli
717-626-5096 ext. 237
mariativoli@lititzrec.com

Entry Form
Register online (www.lititzrec.com) or Make checks payable to the Lititz recCenter. Mail to:
Lititz recCenter
c/o Maria Tivoli
301 West Maple St.
Lititz, PA 17543
Circle answers:
Gender: Male Female
Event: Men’s Doubles Women’s Doubles Mixed Doubles
Name: ____________________________
Age: _______ DOB: ____________
Address: ___________________________
Phone: ____________________________
Email: ____________________________
Number of events: __________________
Partner of 1st Event (Name & Phone):
Partner of 2nd Event (if applicable):
Amount of $ enclosed: ____________________