-4th ANNUAL -

PICKLEBALL DOUBLES TOURNAMENT

ROUND ROBIN

FUNDRAISER EVENT in ENDICOTT, NY

APRIL 24.25.26, 2015

• UN-OFFICIATED ROUND ROBIN - USAPA RULES AND REGULATIONS
  • GAMES TO 11 POINTS WIN BY 1
  • THREE COURTS AVAILABLE
• MEDALS AWARDED TO 1ST AND 2ND, RIBBONS TO 3RD
• 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 YOU ONE

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

Questions: jdchavez@stny.rr.com
REGISTRATION FORM

NAME:__________________________________________________________
ADDRESS:_____________________________________________________
PHONE:________________________________________________________
EMAIL:_________________________________________________________

AGE AS OF 12/31/15: _______ D.O.B: _______
DOUBLES PARTNER: ________________ D.O.B: _______ AGE: _____
MIXED DOUBLES PARTNER: ________________ D.O.B: _______ AGE: _____

EVENT CATEGORIES

60 AND OVER - FRIDAY 24th
DOUBLES:  □ MEN’S  □ WOMEN’S
□ MIXED DOUBLES

OPEN - SATURDAY 25th
DOUBLES:  □ MEN’S  □ WOMEN’S
□ MIXED DOUBLES

NOVICE RECREATIONAL - SUNDAY 26th
□ OPEN MIXED DOUBLES COED
(8 AM WARM UPS & REGISTRATION  9AM PLAY BEGINS)

FOR DOUBLES: 8AM-REGISTRATION & WARM UP  9AM-PLAY BEGINS
FOR MIXED DOUBLES: 1:30PM-REGISTRATION & WARM UP  2PM-PLAY BEGINS

TOURNAMENT FEE:

1 EVENT $25 - $5 FOR EACH ADDITIONAL EVENT

PLEASE MAKE CHECK (NO LATER THAN APRIL 11th, 2015) PAYABLE TO:
BOYS & GIRLS CLUB OF WESTERN BROOME
ONE CLUBHOUSE RD, ENDICOTT, NY 13760

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

-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:______________