

Registration Form

NAME: _____

ADDRESS: _____ PHONE: _____

EMAIL: _____ AGE: _____ D.O.B: _____

DOUBLES PARTNER: _____ D.O.B: _____ AGE: _____

MIXED DOUBLES PARTNER: _____ D.O.B: _____ AGE: _____

EVENT CATEGORIES

55 AND OVER A & B DIVISION & Beginners Play – Saturday July 20th

MEN'S DOUBLES WOMEN'S DOUBLES MIXED DOUBLES

Open Play – Sunday July 21st

MEN'S DOUBLES WOMEN'S DOUBLES MIXED DOUBLES

T-SHIRT SIZE (CIRCLE ONE)-

MEN'S: SMALL MEDIUM LARGE X-LARGE XX-LARGE

WOMEN'S: SMALL MEDIUM LARGE X-LARGE XX-LARGE

Tournament Fee:

1 event - \$20 2 events - \$25

Please make check payable to Tioga County Boys & Girls Club. No later than June 7th.

All proceeds to help benefit the Tioga County Boys & Girls Club.

For more information please contact our Athletic Director Chris Ellerson

Email: cellerson@tiogabgca.org

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 Tioga County, 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: _____

Any questions please contact:

Athletic Director: Chris Ellerson

Tournament Director: Zorano Tubo

Email: cellerson@tiogabgca.org

Email: fusionz@aol.com