



Format

2-set, no-ad matches with 10-point tiebreak if sets split. Single elimination w/consolation round. Each entry guaranteed at least 2 matches. Balls will be provided. Earliest match is 9am; you will be notified of your start time.

Check in at Argonaut High School; matches may be played on other local courts.

Fees*

Adults: \$35 per player first event/\$15 per player for each add'l event

Student Players: \$25 per player first event/\$10 per player for each add'l event

Please note that there will not be a separate youth division; students will compete against adults.

*Paid ATC members receive \$5 discount off each event entry fee & 2 free raffle tickets

JOIN ATC

Amador Tennis Club is an all-volunteer 501c3 non-profit organization. Donations enable us to continue promoting tennis in Amador County. Any amount you can afford to donate will be gladly accepted. Annual dues are \$20 per household or \$10 per individual. You may join ATC using the form on reverse.

Amador Tennis Club presents FUN(d) RAISER TOURNAMENT

to benefit
future tennis projects
in Amador County

**Saturday-Sunday
June 11-12**

(some singles matches may be played on Friday 6/10)

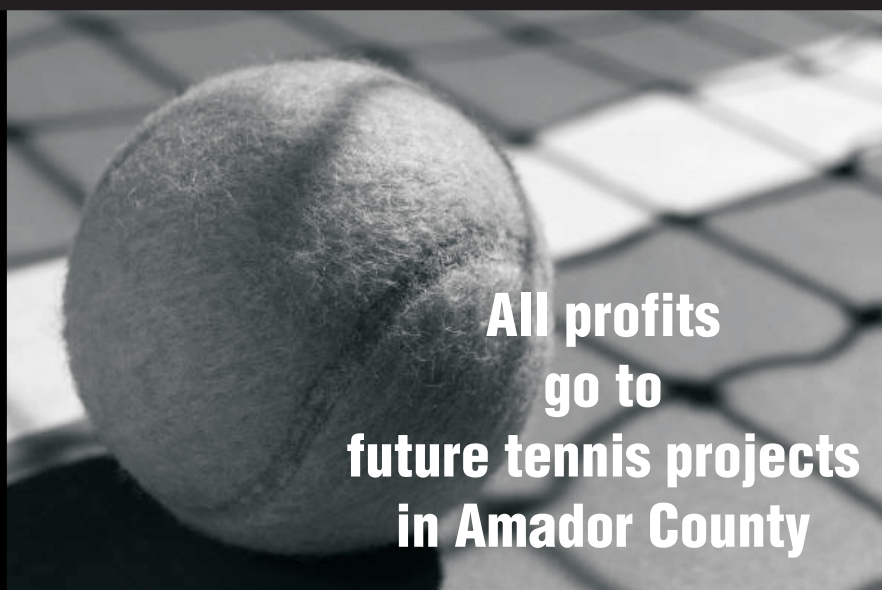
Men's & Women's Singles
(Sat)

Men's, Women's & Mixed Doubles
(Sat-Sun)

Raffle tickets, ATC logo wear & BBQ available for purchase on Saturday. (We will take pre-paid orders for ATC logo wear on June 11-12 only. ATC logo wear not available through any other channels.)

Registration Deadline: June 7th
(form on reverse)

**Questions? Call 209-304-0004 or visit
www.amadortennisclub.org**



**All profits
go to
future tennis projects
in Amador County**



Amador Tennis Club Fun(d)raiser Tournament Registration Form

Please complete a separate registration form for each participant.

EVENTS

- Men's Singles I am NOT available Friday evening 6/10 for singles tournament play.
- Women's Singles I am NOT available Friday evening 6/10 for singles tournament play.
- Mixed Doubles - Partner name: _____
- Men's Doubles - Partner name: _____
- Women's Doubles - Partner name: _____

Participant Name: _____ **Age:** _____

Mailing Address: _____

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

Phone: _____ **Email:** _____

Level of Play (USTA Rating or Beg/Int/Adv): _____

How long have you been playing tennis? _____

Adults: \$35 per player first event/\$15 per player for each additional event (\$30/\$10 for paid ATC members)
Student Players: \$25 per player first event/\$10 per player for each additional event (\$20/\$5 for paid ATC members). Please note that there will not be a separate youth division; students will compete against adults.
 Enclosed please find my ATC membership fee (annual dues \$20 per household or \$10 per individual)

Amount Enclosed: _____ (please make checks payable to Amador Tennis Club)

NOTE: Amador Tennis Club is a 501(c)(3) non-profit organization and your donation is tax deductible to the fullest extent of the law. Consult your tax preparer for complete information.

CODE OF CONDUCT

I hereby pledge to show good sportsmanship by demonstrating positive support for all players, parents, event staff and volunteers at all times. I, my friends and guests will demonstrate respect toward others. We will place the emotional well-being of others ahead of our own desire to win. We will be aware of all Amador Tennis Club rules and regulations and will adhere to them at all times.

WAIVER OF RESPONSIBILITY

I absolve and hold harmless the Amador Tennis Club (ATC), its employees, officers or agents from any liability that may result from my/my child's participation in the above activity. I also give my permission for my/his/her participation in the above activity, and for any necessary medical treatment. I understand that ATC has no obligation to supervise my child(ren) at the close of the above activity, and I release ATC, its officers, employees and agents from any liability resulting from any lack of supervision of my child(ren) at the close of the above activity. I understand that participants involved in the above activity may be photographed and such photography may be used to publicize future programs and activities.

Player Signature: _____

Parent/Guardian Signature: _____
(if player is under 18)

**Return form with check to ATC by June 7th to:
Rosalie Escamilla, 227 Mountain View Dr., Jackson CA 95642
Questions? Call 304-0004 or email info@amadortennisclub.org**