



Tennis & Learning!
Amador Tennis Club presents

FUN(d) RAISER TOURNAMENT

to support tennis court repairs
at Amador High

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 and matches at Amador High & possibly Argonaut High.

Fees*

Adults (ages 18 & up)*:

\$35 per player 1st event
\$15 per player for addl events

Students (ages 15-18)*:

\$25 per player 1st event
\$10 per player for addl events

NOTE: There will not be a separate division for ages 15-18; students will compete against adults.

*Paid ATC members receive \$5 discount off each event entry fee

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. You may join ATC using the form on reverse.

Saturday & Sunday May 20-21

SATURDAY MORNING

Adult/Student Singles - All rounds
Junior Singles - Intermediates early rounds

New this year!
Junior division

SATURDAY AFTERNOON

Adult/Student Doubles - All rounds
Junior Singles - Advanced early rounds

SUNDAY

Mixed Doubles - All Rounds
Junior Singles - Intermediate & Advanced Finals
Lunch & concessions available for purchase

Deadline: May 13 (form on reverse)

Questions: 304-0004 or amadortennisclub.org



FUN(d)Raiser Tournament Registration Form (15 & up)



Please complete a separate registration form for each participant. CHECK YOUR SCHEDULE CAREFULLY and be sure you are available to play on the day/time for your event. If you have any scheduling restrictions, you must notify the tournament director before registering.

EVENTS

- Men's/Student Singles SAT am 5/20
 Women's/Student Singles SAT am 5/20
 Men's/Student Doubles SAT pm 5/20 Partner name: _____
 Women's/Student Doubles SAT pm 5/20 Partner name: _____
 Mixed Doubles SUN 5/21 Partner name: _____

Participant Name: _____ **Age:** _____

Mailing Address: _____

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

Phone: _____ **Email:** _____

Level of Play (USTA Rating if you know it, or Beginner/Intermediate/Advanced): _____

Adults (18 & up): \$35/player first event, \$15 per player for additional events (\$30/\$10 for paid ATC members)
Students (15-18): \$25/player first event, \$10 per player for addl events (\$20/\$5 for paid ATC members). Please note students will compete against adults.

Enclosed please find my ATC membership fee (annual dues \$20 per household)

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 May 13 to:
Rosalie Escamilla, 227 Mountain View Dr., Jackson CA 95642
Questions? Call 304-0004 or email info@amadortennisclub.org**