



PICKLEBALL TOURNAMENT

SATURDAY & SUNDAY

SEPTEMBER 10 & 11, 2016



- ◆ **Location:** Activity Center at Bohrer Park, 506 South Frederick Avenue, Gaithersburg, MD 20877
- ◆ **Divisions:** Mens and Womens Doubles on Saturday
Mixed Doubles on Sunday
- ◆ **Two levels:** Novice or Intermediate/Advanced (Self-Rated)
- ◆ **Some divisions may be combined or cancelled due to lack of sufficient registration. Tournament Director reserves the right to adjust the skill brackets.**
- ◆ **Round robin schedule will be set after the registration deadline. Times are subject to change depending on registration numbers in each event. Final schedule with times will be emailed no later than September 6.**
- ◆ **Cost per person:** \$15.00 for City of Gaithersburg Residents
\$20.00 for Nonresidents
\$5.00 for second event **(must complete second registration form)**
- ◆ **Registration Deadline:** until filled or **Wednesday, August 31, 2016 (Space is limited!)**

Divisions: MENS #45584 _____ WOMENS #45625 _____ MIXED #45626 _____
 Level: NOVICE _____ INTERMEDIATE / ADVANCED _____

Player # 1 Name: _____

Player # 2 Name: _____

Address: _____

Address _____

City: _____ State: _____ Zip: _____

City: _____ State: _____ Zip: _____

Best Phone #: _____

Best Phone #: _____

E-mail: _____

E-mail: _____

City Resident \$15 Non-resident \$20 2nd Event \$5

City Resident \$15 Non-resident \$20 2nd Event \$5

I understand that I am responsible for my insurance in case of injury. Furthermore I understand that although safety precautions will be observed, the City of Gaithersburg, employees and agents will not be responsible for any personal property lost by me or for any injury sustained in the program. I also consent to the City's use of any photographs taken or video tapes made of the program.

Player # 1 (Print name) _____ Signature _____

Player # 2 (Print name) _____ Signature _____

PAYMENT: Amount Paid \$ _____ Cash or Check # _____

Visa/MC/Disc/Amex# _____ Exp. ___/___

Signature (name on card) _____

Print Name _____

OFFICE USE ONLY: #

Rec'd: _____ Initials _____

W M F Resident: Yes No

Pr: _____

Date: _____