



# Fall 2016 Singles Tennis Leagues

The City of Gaithersburg Recreation Department is providing an opportunity for men and women (18 and over) to play tennis on a weekly basis. Registrants are placed in divisions based upon USTA ratings (if you don't have a rating - call Pam for placement in the appropriate division) and are scheduled for a series of matches. The league will last approximately seven to ten weeks.

The Tennis League will begin play the week of **September 19, 2016**.

Matches will be played on courts and at times that are convenient for and mutually agreed upon by the participants. You will be required to complete scheduled matches within a reasonable period of time, normally a two-week period.

**Awards** will be provided to the winner of each division.

**Registration Deadlines: Wednesday, September 7, 2016**

A complete set of rules and schedules will be mailed or emailed to each registrant by September 16.

**FEES: Resident - \$18 Nonresident - \$21**

For more information please call Pam Truxal at 301-258-6350 x121.



**USTA Ratings:**

**Novice:**

1.5 - 2.5

**Intermediate:**

3.0 - 3.5

3.5 - 4.0

**Open:**

4.0 & over

## REGISTRATION

#45677

Please mail or fax completed form with your Visa/Discover/Mastercard information to:  
 Tennis Leagues, 506 S. Frederick Ave., Gaithersburg MD 20877  
 Fax: 301-948-8364

PLAYER \_\_\_\_\_ Rating \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Address \_\_\_\_\_ Age \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_ Sex: M  F   
 Home # \_\_\_\_\_ Work \_\_\_\_\_  City Resident  
 Email \_\_\_\_\_ Cell \_\_\_\_\_  Nonresident

**PLEASE CHECK:**

<b>Novice</b>	<b>Intermediate</b>	<b>Open</b>
<input type="checkbox"/> Men's Singles	<input type="checkbox"/> Men's Singles	<input type="checkbox"/> Men's Singles
<input type="checkbox"/> Women's Singles	<input type="checkbox"/> Women's Singles	<input type="checkbox"/> Women's Singles

The City of Gaithersburg is committed to making reasonable accommodations as required by the Americans with Disabilities Act. Requests must be made prior to the start of the program. Please indicate what accommodations are needed: \_\_\_\_\_

Amount Paid \$ \_\_\_\_\_ Cash  Check # \_\_\_\_\_  
 Visa/MC/Discover # \_\_\_\_\_ Exp. \_\_\_\_/\_\_\_\_  
 Signature (name on card) \_\_\_\_\_  
 Print name \_\_\_\_\_

OFFICE USE ONLY: #45677  
 Rec'd: \_\_\_\_\_  
 W P M F Resident: Y N  
 Pr: \_\_\_\_\_ RW \_\_\_\_\_