

Registration Information

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**Please Print Clearly**

NAME: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_

PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

E-Mail ID: \_\_\_\_\_

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PARTNER: _____

BIRTHDATE: _____

PHONE: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

E-Mail ID: _____



Please enter me in the event(s) I've checked below, for which I enclose the sum of \$ _____ in full entry fees. Plus ATA Fees of \$25.00 (Checks Payable To PTC)

In consideration of your accepting this entry, I hereby for my heirs, executors and administrators waive and release any and all rights and claims for damages against the Plainfield Tennis Council and the Plainfield Bd. of Education, their agents, representatives and assigns for any and all injuries suffered by me in said tennis tournament.

SIGNATURE _____

DATE _____

PARTNER'S SIGNATURE _____

DATE _____

DOUBLES EVENTS - \$30.00 (Team)

PLEASE CIRCLE Event:

MEN

Open Doubles

**35 Doubles
55 Doubles**

**45 Doubles
65 Doubles**

WOMEN

Open Doubles

**35 Doubles
55 Doubles**

**45 Doubles
65 Doubles**

Mixed Doubles

**Open Mxd Doubles
45 Mxd Doubles**

**35 Mxd Doubles
55 Mxd Doubles**

**CURRENT TOURNAMENT RECORD:
(OPTIONAL)**

To Assist Tournament Committee with seeding, please list your recent tournament record:

TOURNAMENT

EVENT:

ROUND:

SCORES:

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TOURNAMENT

EVENT:

ROUND:

SCORES:

For more info contact:

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