14th Annual

JANA HUNSAKER MEMORIAL

Wheelchair Tennis Tournament

June 5th – 8th 2014

REGISTRATION

FAX: (718) 592-9488
PH: (718) 760-6251
www.ntc.usta.com

Name: _____ USTA#: _____

Address: _____ ITF#: _____

_____ DOB: _____

_____ TDD: ❑ yes ❑ no

Ph Day: _____ Eve: (required) _____

E-mail: (required) _____

Mail or Fax to:
Attn: Hunsaker Memorial
Wheelchair Tennis Tournament
USTA Billie Jean King NTC
Flushing Meadows Corona Park
Flushing, NY 11368-1443

	Men		Women		Quad		Junior		Senior	
	Singles	Doubles	Singles	Doubles	Singles	Doubles	Singles	Doubles	Open/A	B/C
Open/Main	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑
Open/Second/A Division*	❑	❑	❑	❑	❑	❑				
B Division	❑	❑	❑	❑						
C Division	❑	❑								
D Division	❑	❑								

*The Open/Second and A Division will be combined (ITF rule).

Do you intend to play Doubles? ❑ yes ❑ no Division Doubles Partner: _____

Note: This form does not guarantee entry to doubles. Both players must sign in, in-person at the tournament site.

Do you need hotel accommodation during the tournament? ❑ yes ❑ no

Will you share a room? ❑ yes ❑ no

If yes, do you have a roommate? ❑ yes ❑ no rooming partner: _____

Is that person a: ❑ player ❑ coach ❑ guest

If coach or guest, uses a wheelchair? ❑ yes ❑ no

Travel information: please check one.

Method: ❑ Car ❑ Train ❑ Airplane (airline _____ flight # _____) ❑ Other _____

Date of Arrival: _____ Day: _____ Time _____ If by air, Airport: _____

Date of Departure: _____ Day: _____ Time _____ If by air, Airport: _____

Note: We will provide transportation only from/to airports in the City of New York, LaGuardia International Airport (LGA) and John F. Kennedy International Airport (JFK) to the hotel for players arriving by air. Newark International Airport (EWR) in New Jersey is not included. **Full Flight information is needed in order to arrange a proper pickup.**

Number of chairs_____ Type(s) _____ Use of chair: ❑ Full-time ❑ Part-time

If there are any special needs that we should be aware of, please list them below:

_____

_____

Incomplete applications will not be accepted, the entire application must be completed!

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PAYMENT

FAX: (718) 592-9488
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Entry Deadline: Friday, May 9, 2014

Please check applicable fee(s). FOR ACCOUNTING USE

Mail or Fax to:
Attn: Hunsaker Memorial
Wheelchair Tennis Tournament
USTA Billie Jean King NTC
Flushing Meadows Corona Park
Flushing, NY 11368-1443

- ❑ $135 Letter Division Tournament Entry Fee: _____
- ❑ $360* All Inclusive Letter Division: _____
- ❑ $160 Open Division Tournament Entry Fee: _____
- ❑ $385* All Inclusive ITF/Open Division: _____
- ❑ $300* Single Room Supplement: _____
- ❑ $360* Guest/Coach rooming with player: _____ (Includes meals at NTC)
- ❑ $75 Meals at NTC: _____ (Guests or coaches not staying at hotel)
- ❑ $25 Extra Banquet tickets: x #_____ = _____ (Saturday, June 7th)

Payment total: $_____ ***Please use separate form for each registrant***

*__Please note:__ ***After May 9th the hotel room rates double. Please don't delay. All hotel incidentals are the responsibility of the hotel guest. IE: phone, courtesy bar, etc.***

Method of Payment:

❑ Check ❑ Money Order Payable to: **Wheelchair Sports Federation**

or complete credit card info

VISA/MasterCard/AMEX: Card # _____ Expiration Date: _____

Cardholder Name (printed): _____

Cardholder Signature: _____ Date: _____

Agreement:

I here by agree to abide by the ITF/USTA Rules of Wheelchair Tennis and pay the entry fee as required by the tournament. I further agree to abide by the Code of Conduct enforced by the tournament. To be eligible for entrance to the 14th Annual Jana Hunsaker Memorial Wheelchair Tennis Tournament, every participant or his or her legal guardian must sign the Waiver of Claims at the bottom of this form. Your tournament package fees and registration form must be received by May 9, 2014.

Name:_____ Signed:_____ Date: _____

Waiver of claims:

For and in consideration of, the USTA, ITF and tournament site and host sponsoring the program, I, the undersigned, for myself, my heirs, successors and assigns, agree to release and forever discharge the USTA, ITF and tournament site and host and their officers, employees and agents from any and all liabilities, demands or claims for loss or damage resulting from any injury or damage which may be sustained on account of my participation in the wheelchair tennis tournament circuit. I also consent to medical treatment in case of emergency. I agree to full responsibility for payment of any fees incurred as a result of necessary medical treatment.

Entry, participation or attendance during the tournament constitutes permission to be photographed for possible publicity, promotional or media purposes and constitutes a waiver of any and all claims for compensation from all sponsoring agencies.

Name:_____ Signed:_____ Date: _____