

15<sup>th</sup> Annual

# JANA HUNSAKER MEMORIAL

## Wheelchair Tennis Tournament



June 4<sup>th</sup> – 7<sup>th</sup> 2015

### 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               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Open/Second/A Division* | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |                          |                          |                          |
| B Division              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |                          |                          |                          |                          |                          |
| C Division              | <input type="checkbox"/> | <input type="checkbox"/> |                          |                          |                          |                          |                          |                          |                          |                          |
| D Division              | <input type="checkbox"/> | <input type="checkbox"/> |                          |                          |                          |                          |                          |                          |                          |                          |

\*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 8, 2015

Please check applicable fee(s).

FOR ACCOUNTING USE

☐ \$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 6<sup>th</sup>)

Payment total: \$ \_\_\_\_\_ Please use separate form for each registrant

**\*Please note:** After May 8<sup>th</sup> 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 hereby 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 15<sup>th</sup> 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 8, 2015.

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: \_\_\_\_\_