

Tournament Information-Saturday, Feb 8

- Headquarters:** Capital Racquet and Fitness Center
3200 N. 10th Street, Bismarck, ND 58503
- Entry Fees:** Juniors \$20 per person
Adults \$25 per person BMTA member;
\$35/person non BMTA
- Awards:** Prizes will be awarded for 1st, 2nd, and Consolation
- Participation Limit:** 1 event
- Age Requirement:** **Participants must be at least high school age or on a high school team. Parents of juniors must also sign the waiver.**
- Seeding Information:** Please provide information, such as USTA ranking and tournament results, to help us with seeding.
- Entry Deadline:** 5:30 p.m. (before Superbowl kickoff) Sunday February 2, 2020.
Entries need to be in hand at the deadline.
All participants need a signed waiver before play begins.
Each player needs a separate entry form.
- Schedule of Play:** Schedule of play sheets will be posted on the web at www.bmta.usta.com by 9:00 p.m. Thursday, February 6th.
Draw sheets will be available upon check-in
- Check-in / Starting Times:** **Check-in time one half hour before players' first scheduled match.** Tournament play begins at 8:00 a.m. Refer to draws sheets for individual match times.
- Lunch:** Lunch for participants will be held beginning at 11:30.
- Combining Divisions:** Depending on the number of registrants, it may be necessary to combine some divisions. If you do not wish to play in a combined division, please state it on the form.
- Contact Person:** For further information contact Kevin Allan, Tournament Director at 701-527.5990 or via email at kevinallan1971@gmail.com
- Tournament Sponsors:** Bismarck Parks and Rec, Capital Racquet and Fitness Center

6th Annual Flurry Fest 2020 Entry Form

Name			
Street Address	City	State	Zip Code
E-mail Address			
Home Phone	Cell Phone	Work Phone	
Doubles Partner			
Seeding Information/Comments			
Entry Fees: Adults \$25 per person BTMA member, \$35 non member Juniors \$20 per person			
<u>Doubles</u>			
A (4.0 & up) _____			
B (3.0-4.0) _____			
C (2.5-3.0) _____			
Amount Paid			

**Make checks payable to Bismarck/Mandan Tennis Association and send to
Kevin Allan, 1204 4th Ave. NE, Mandan, ND 58554**

Waiver and Release of Claims

I recognize and acknowledge that there are certain risks of physical injury to participants in this tournament, and I agree to assume the full risk of any such injuries, damages, or loss, regardless of severity which I or my child/ward may sustain as a result of participating in any activities associated with this tournament. I waive and relinquish all claims that I, my insurer, or my child/ward may have against the tournament and its officers, agents, servants and employees from any and all claims from injuries, damages, or loss which I or my child/ward may have or which may accrue to me or my child/ward on account of my participation or the participation of my child/ward in this tournament.

Signature

Date

Signature of Parent/Guardian

Date