# TOURNAMENT INFORMATION

All matches will be played at the

APSU Indoor Tennis Center.

### Rules:

This is a 1 day doubles event. Each match will consist of best 2 out of 3 sets with a 10 point tiebreak in lieu of a third set. First round consolation matches will be played if time permits and court space is available.

### Schedule:

Matches will be scheduled all day on Saturday. It will be difficult to accommodate schedule requests, so please plan to play at any time during the day on Saturday. It is the player's responsibility to learn the times of his/her next match. All players should report to the tournament desk 15 minutes prior to their scheduled match time.

### Prizes:

APSU Tennis Center Gift Certificates will be provided for Winners and Runner-ups.

### Deadline:

Entry Deadline is January 11<sup>th</sup>. Draw and Match times will be posted January 16<sup>th</sup> on the CTA web site.

www.clarksvilletennis.usta.com

### Registration:

Registration accepted by mail, email, or phone to Tournament Director or in person at APSU Tennis Center.

## CLARKSVILLE TENNIS ASSOCIATION

Tournament Director
Paige Commander
767 Seven Mile Ferry Road

Clarksville, TN 37040

Paige.Commander@charter.net
Cell (931) 217-0714

# Clarksville Tennis Association Winter Doubles Tournament

January 18, 2020

APSU Indoor Tennis Center



JANUARY 11<sup>TH</sup>

**Proceeds Benefit APSU Tennis Program** 

Call (931) 217-0714 for more information

### **ENTRY FORM:**

| Name:  |
|--|
| Address:   |
|  |
| Phone:   |
| E-mail:  |
| MEN'S DOUBLES \$60 per team  A(4.0-up)  B(3.5-4.0)  C(3.0-3.5)                 |
| Partner WOMEN'S DOUBLES \$60 per team $\square A(3.5-up)$ $\square B(3.0-3.5)$ |
| Partner  MIXED DOUBLES \$60 per team  A(4.0-up)  B(3.0-3.5)  Partner           |
| Tournament Fee \$ enclosed  Shirt Size (Adult S-2XL)                           |
| Partner Shirt Size   |

\*LONG SLEEVE SHIRTS AVAILABLE FOR REGISTRATIONS RECEIVED BEFORE JANUARY 5TH.

### **WAIVER AND RELEASE**

I fully realize and understand there are certain inherent risks to which I will be exposed because of the nature and level of the sports activity for which I have registered. I understand and agree that the Clarksville Tennis Association, their agents and officials, assume no responsibility for injury or illness I may sustain as a result of my physical condition or participation in this tennis tournament. I understand it is my responsibility to provide my own accident and health coverage and that the Clarksville Tennis Association and their agents and officials, do not provide any accident or health insurance for event participants or volunteers. I also give permission for the Clarksville Tennis Association to use or distribute, without limitation or obligation, any record of the events which may include my voice or image. Signature of player Date

Signature of parent or guardian

Date

MAKE CHECKS
PAYABLE TO THE CTA
(CLARKSVILLE TENNIS
ASSOCIATION)

MAIL CHECK AND ENTRY FORM TO:

Paige Commander 767 Seven Mile Ferry Rd Clarksville, TN 37040

OR DROP OFF
YOUR ENTRY FORM AT:

THE APSU INDOOR TENNIS CENTER

OR E-MAIL IT TO

PAIGE.COMMANDER@CHARTER.NET



