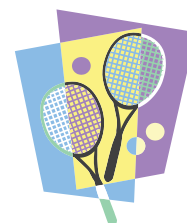


Shenandoah County Parks & Recreation presents the 2009 American Heart Association Tennis Tournament Wednesday-Saturday, July 15-18

For the 10th year, Shenandoah County Parks & Recreation (SCPR) has sponsored this tournament to raise funds for the Shenandoah Chapter of the American Heart Association. For years now, many of you have supported this tournament through competitive play, sponsorships, or straightforward donations. Won't you consider joining us again this year and making this the best tournament yet? For more information or to answer any further questions, please contact SCPR at 540-984-3030 or www.scpr.info.

Tournament Information:

- Tournament Director: Thomas Jones, SCPR, tjones@shenandoahcountyva.us, 540-984-3030
- All matches will be played at New Market Town Park, New Market, VA unless weather forces the Director to utilize other courts. Matches will be played on Sunday, July 19 only if necessary.
- Players entering more than one section may be required to play two matches per day. No person may play in more than three sections.
- All USTA guidelines apply.
- Matches will begin at 4:00pm on Wednesday, July 15. Please indicate your time availability on your registration form. Match times will be posted on-site, on SCPR's website, on Mark Ryman's website [www.Markrymantennis.com] and in the local newspapers.
- All matches will be best of three sets with a 12 point tie-breaker.
- Each entrant is allowed ONE scheduling conflict for the tournament.
- All players will be asked to submit a NTRP rating or self-rating.
- All participants will receive a tournament T-shirt and gift bag.
- This year's registration deadline is 5:00pm, Monday, July 13. This is a FIRM deadline. If you are NOT registered by this time, you will not be entered into the tournament.
- Attention doubles teams: EACH doubles team member MUST sign a registration form; only one member needs to make payment for the team. Be sure to list your partner on your registration form.
- Entry fee must accompany registration form. Please pay via check (made payable to SCPR), cash, or credit card.
- \$15 per person - singles events; \$20 per team - doubles events



Return this form and all appropriate fee(s) to: **Shenandoah County Parks and Recreation, 508 Piccadilly Street, Edinburg, VA 22824**

Name: _____ T-Shirt Size _____

Mailing Address: _____

City, State ZIP: _____

Daytime Phone Number: _____ Evening Phone Number: _____

NTRP Rating (if known) _____ Self-Rating _____ Time you can start (Mon.-Fri.): _____

Tournament divisions: please check your tournament divisions. If you play in the open division, you cannot play in the recreational division, and vice versa. You can play in up to three sections. SCPR reserves the right to cancel or combine sections.

<input type="checkbox"/> Boy's U17 Singles	<input type="checkbox"/> Girls U17 Singles	<input type="checkbox"/> Open Men's Singles	<input type="checkbox"/> Open Women's Singles
<input type="checkbox"/> Recreational Men's Singles	<input type="checkbox"/> Recreational Women's Singles	<input type="checkbox"/> Men's Singles (35 & over)	<input type="checkbox"/> Women's Singles (35 & over)
<input type="checkbox"/> Senior Men's Singles (50 & over)	<input type="checkbox"/> Senior Women's Singles (50 & over)		
<input type="checkbox"/> Open Men's Doubles	<input type="checkbox"/> Open Women's Doubles	<input type="checkbox"/> Rec. Men's Doubles	<input type="checkbox"/> Recr. Women's Doubles
<input type="checkbox"/> Men's Doubles (35 & over)	<input type="checkbox"/> Women's Doubles (35 & over)	<input type="checkbox"/> Srs. Men's Doubles (50 & over)	<input type="checkbox"/> Srs. Women's Dbles. (50 & over)
<input type="checkbox"/> Open Mixed Doubles	<input type="checkbox"/> Recreational Mixed Doubles	<input type="checkbox"/> Seniors Mixed Doubles (50 & over)	

Total Amount Enclosed: \$ _____

RELEASE: I know that participating in the program named above is a potentially hazardous activity. I should not register and/or participate unless I am medically and physically able. I assume all risks associated with participating in the program above including - but not limited to - falls, contact with other participants, and the effects of the weather (including high heat and/or humidity,) all such risks being known and appreciated by me. Having read this waiver and knowing these facts, I, for myself and anyone entitled to act in my behalf, waive and release Shenandoah County Parks & Recreation, Shenandoah County, any and all partners, sponsors, officials, volunteers, instructors, coaches, and their representatives and successors from all claims or liabilities of any kind arising out of my participation in the program above, even though that liability may rise out of negligence or carelessness on the part of the person(s) named in this waiver. I grant permission to all of the foregoing to use any photographs, motion picture, recordings, or any other record of me for any legitimate purpose. IF PARTICIPANT IS UNDER 18: This is to certify that I acknowledge and agree to the above for my son/daughter/ward, and that my son/daughter/ward has my permission to participate in the program above, is in good medical and physical condition, and that Shenandoah County Parks & Recreation employees, volunteers, officials, instructors, and/or coaches have my permission to authorize emergency medical treatment if necessary. I grant permission to all of the aforementioned to use any photographs, motion pictures, recordings, or any other record of my child for any legitimate purpose.

SIGNATURE OF PARTICIPANT (IF 18+) (REQUIRED) _____

SIGNATURE OF PARENT (IF PARTICIPANT IS UNDER 18) (**REQUIRED**) _____

CREDIT CARD AUTHORIZATION					
<input type="checkbox"/> Mastercard	<input type="checkbox"/> Visa	<input type="checkbox"/> Discover	EXP. DATE: ___/___/___	CARD #: _____	
Cardholder Name: _____					
Cardholder Signature: _____ (REQUIRED)			Total to be Charged: \$ _____		
FOR OFFICE USE ONLY					
Cash: \$ _____	Credit: \$ _____	Check: # _____	\$ _____	Date Received: _____	Received By: _____