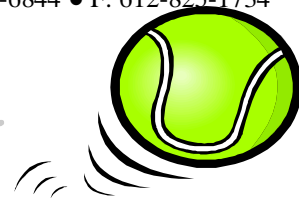




14th Annual RSFTC N.T.R.P. Adult Tournament



DATES: MAY 14-16, 2010
EVENT LIMITS: Limit of two events total (only one in each category: Singles, M/W Doubles, or MXD)
MATCH FORM: Championship Bracket -> 2 out of 3 FULL Sets; Consolation -> 8-Game Pro Sets
SCHEDULING OF EVENTS: IN GENERAL, but not guaranteed, Match Times are based on past experience

FRIDAY MAY 14: -> Men's Singles 6pm—Midnight
 -> W. Singles or gender doubles that have greater than 16 entries (usually not)
 -> Mixed Doubles that have greater than 8 entries (usually not)

SATURDAY MAY 15: -> 8:00 a.m. - 1:00 p.m., All events
 -> Noon - 4:00 p.m., Men's/Women's Singles
 -> 3:00 - 7:00 p.m., Men's Doubles, Women's Doubles, Mixed Doubles
 -> 4:00 - Midnight, Consolation for Men's/Women's Singles & Doubles

SUNDAY MAY 16: -> Men's/Women's Singles 9:00 a.m. & 1:00 p.m. (Consolation at 1:00 p.m.)
 -> Men's/Women's Doubles including Consolation 11:00 a.m. & 3:00 p.m.
 -> Mixed Doubles Finals 9:00 a.m. if no Singles conflicts; otherwise TBA

ENTRY FEE/EVENT: \$35/Singles; \$40/Doubles Team
ENTRY DEADLINE: Sunday, May 9, 2010
INTERNET REGISTRATION: Available at www.northern.usta.com; under the Adult/Seniors heading on the left of screen, select Tournaments, select TennisLink link, and then enter for Tournament ID# 550011610
ONLINE REGISTRATION FEES: \$38.13/Singles; \$46/Doubles Team
PRIZES: PLAYER GIFT; AWARDS FOR FINALISTS & Consolation Winners
OFFICIALS: Roving umpires throughout the tournament.
DRAW: The draw will be available after 8:00 p.m. on Wednesday, May 12, 2010. Players are responsible for checking in 15 minutes early. This is a U.S.T.A sanctioned tournament, so a current U.S.T.A. membership is required to play. Players need to have a paid registration BEFORE they are entered into the tournament.
TOURNAMENT DIRECTOR: Mike Vidmar

14th Annual Family Tennis Center N.T.R.P. Adult Tournament Entry Form

Name: _____ Home Phone _____ Cell Phone _____
 Address: _____ City _____ Zip _____
 Partner's Name: _____ Home Phone _____ Cell Phone _____
 Address: _____ City _____ Zip _____
 2nd Partner's Name: _____ Home Phone _____ Cell Phone _____

Your T-shirt Size: S M L XL **Partner's T-shirt Size:** S M L XL **2nd Partner's T-shirt Size:** S M L XL
 Your UTA Card # _____ Partner's USTA Card # _____ Exp. Date _____
 Your Expiration Date _____ 2nd Partner's USTA Card # _____ Exp. Date _____

CHECK EVENT(S):
 Men's Singles 3.0 ___ 3.5 ___ 4.0 ___ 4.5 ___ Women's Singles 3.0 ___ 3.5 ___ 4.0 ___ 4.5 ___
 Men's Doubles 6.0 ___ 7.0 ___ 8.0 ___ 9.0 ___ Women Doubles 6.0 ___ 7.0 ___ 8.0 ___ 9.0 ___ Mixed Doubles 6.0 ___ 7.0 ___ 8.0 ___ 9.0 ___

Visa/Mastercard Credit Card # _____ Exp. Date _____ Ver. # _____

FOR OFFICE USE ONLY: Total Amount Paid \$ _____ Date Paid _____ Received By _____

Paid by what method: CASH _____ CHECK _____ Credit Card _____
IF CUSTOMER NOT PRESENT, PLEASE ATTACH CREDIT CARD RECEIPT TO THIS FORM